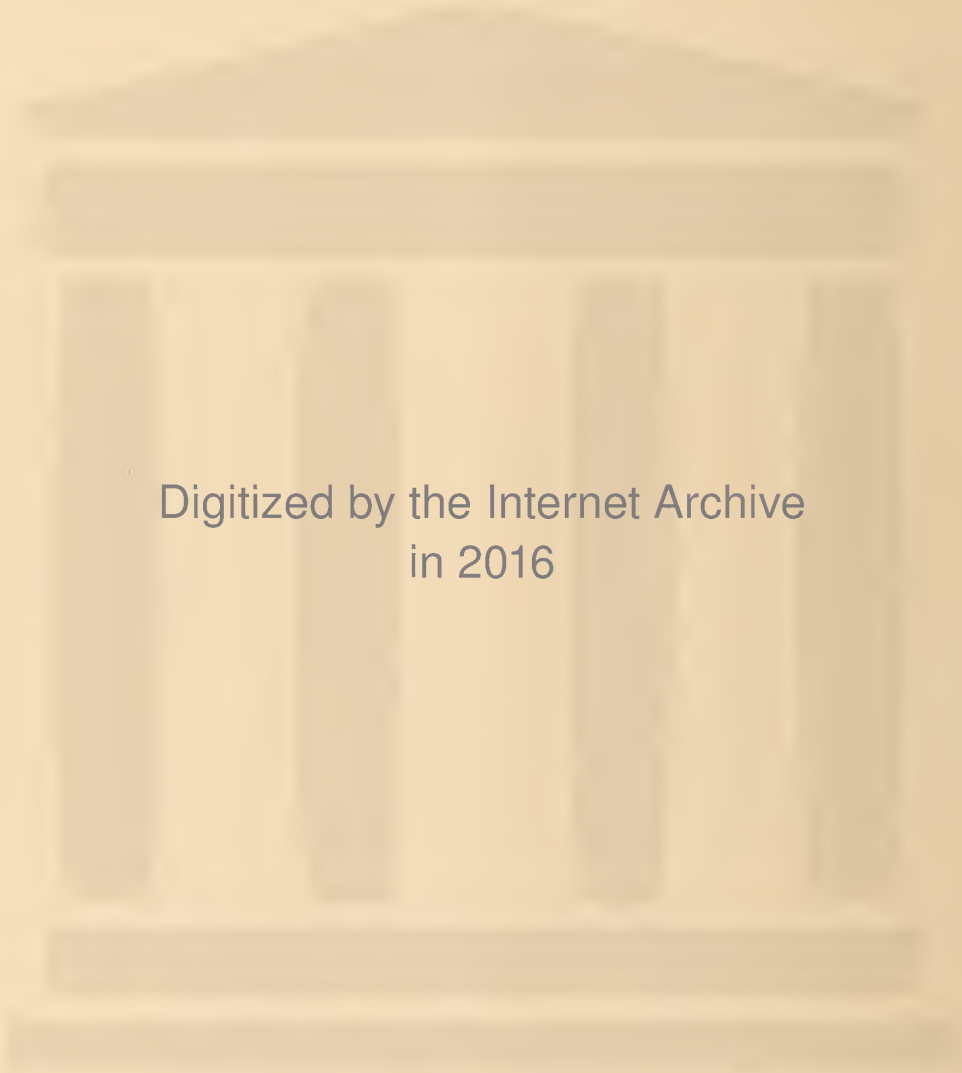
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C.R.—Case Report (Clinical Notes).
Ed.—Editorial.
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2. FAULEY, G. B.; FREEMAN, S.; IVY, A. C.; ATKINSON, A. J., and WIGODSKY, H. S.: Aluminum Phosphate in the Therapy of Peptic Ulcer, Arch. Int. Med. 67: 563-578 (March) 1941.

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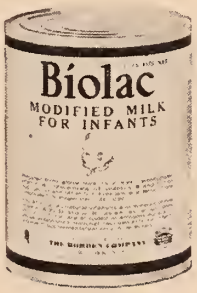
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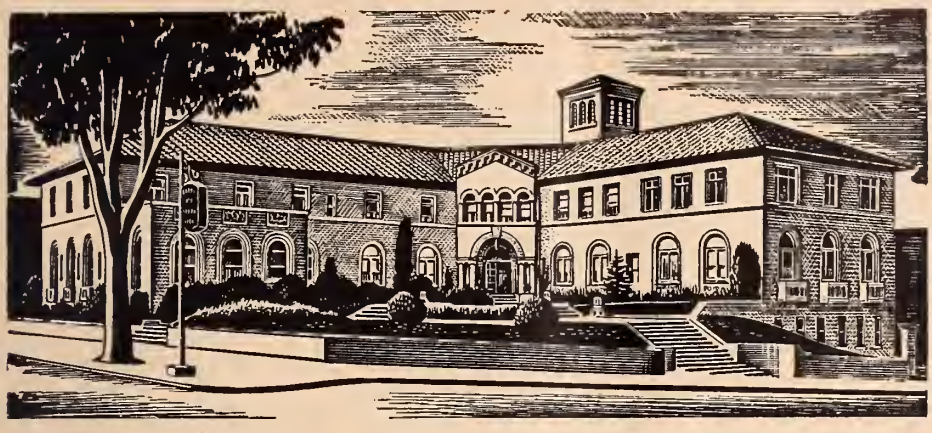
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Nascent Endocrine Therapy. By John Franklin Ritter, M. D. Cloth. Pp. 317. Caldwell, Idaho: The Caxton Printers, Ltd., 1940.

Backache and Sciatic Neuritis. Back Injuries; Deformities; Diseases; Disabilities; with notes on The Pelvis, Neck, and Brachial Neuritis. By Phi'ip Lewin, M. D., F. A. C. S., Associate Professor of Bone and Joint Surgery, Northwestern University Medical School; Attending Orthopaedic Surgeon, Cook County Hospital; Attending Orthopaedic Surgeon, Michael Reese Hospital; Professor of Orthopaedic Surgery, Cook County Graduate School of Medicine, Chicago; Lieutenant Colonel, Medical Corps, U. S. Army. Line Drawings by Harold Laufman, M. D., Instructor in Surgery, Northwestern University Medical School, Chicago; Captain, Medical Corps, U. S. Army. Cloth. Pp. 745, illustrated with 235 figures. Philadelphia: Lea & Febiger, 1943.

White Blood Cell Differential Tables. By Theodore R. Waugh, B. A., M. D., C. M., Pathologist-in-Chief, Royal Victoria Hospital; Associate Professor of Pathology, McGill University; Consulting Pathologist, Montreal Homeopathic Hospital, Montreal, Quebec. Paper. Pp. 126. New York, London: D. Appleton-Century Company, Incorporated. 1943.

Holt's Care and Feeding of Children. Revised and Enlarged by L. Emmett Holt, Jr., M. D., Associate Professor of Pediatrics, Johns Hopkins University; Associate Pediatrician, Johns Hopkins Hospital, Ba'timore, Maryland. Cloth. Price, $2. Pp. 321. New York, London: D. Appleton-Century Company, Incorporated, 1943.

The Biochemistry of Malignant Tumors. By Kurt Stern, M. D., Formerly Research Associate of University of

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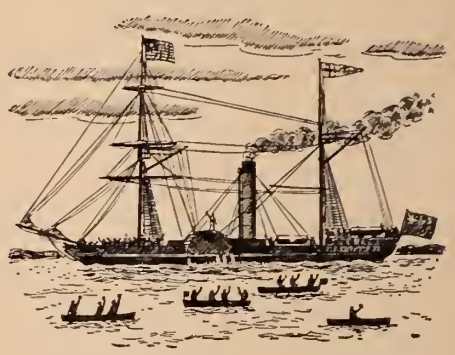
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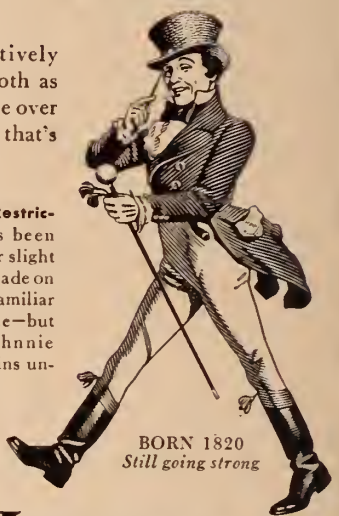


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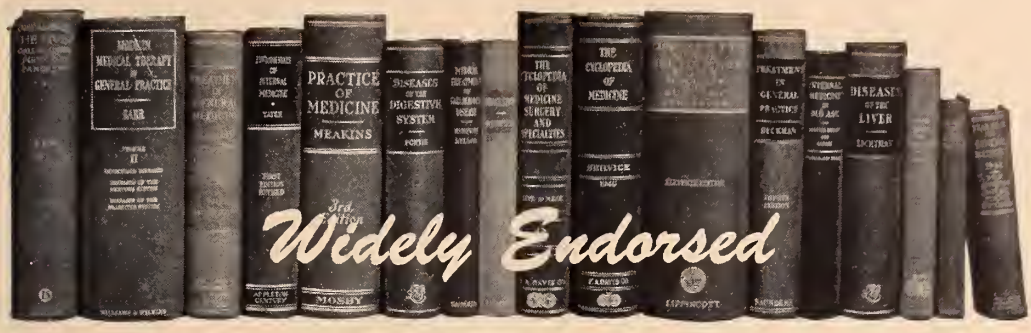
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(Continued from Page 7)

Vienna, New York, N. Y., and Robert Willheim, M. D., Professor, University of Philippines, Manila. Cloth. Price, $12. Pp. 951. Brooklyn, N. Y.: Reference Press, 1943.

Surgical Errors and Safeguards. By Max Thorek, M. D., LL.D., D.C.M., F.I.C.S., (C) F.B.C.S., F.I.C.A., K.L.H. (France); K.C.I.; C.O. St. Alex.; Med. Hon. Venezuela; Prof. Surgery, Cook County Graduate School of Medicine; Attending Surgeon, Cook County Hospital; Surgeon-in-Chief, American Hospital; Consulting Surgeon, Municipal Tuberculosis Sanitarium; Corr. Memb. Société de Chirurgiens de Paris; Corr. Fellow, Mexico Academy of Surgery; Co.. Hon. Fellow, Peruvian Academy of Surgery; Fellow (Honoris Causa) R. Surg. Soc., Sofia; Corr. Fellow, National Academy of Medicine, Colombia, etc., etc. With a Foreword by Sir Hugh Devine, M.S., Hon. F.R.C.S. (Eng.), F.R.A.C.S., F.A.C.S. (Hon.), F.I.C.S. (Hon.), Past President, Royal Australasian College of Surgeons, Hon. Fellow, Association Surgeons Great Britain and Ireland; Hon. Member of the Royal Society of Medicine; Formerly Senior Surgeon, St. Vincent's Hospital Clinical School, Melbourne, and other Stewart Lecturer in Surgery, Melbourne University; Chairman, Editorial Committee, Australian and New Zealand Journal of Surgery. And a Chapter on Legal Responsibility in Surgical Practice by Hubert Winston Smith, A.B., M.B.A., LL.B., M.D., Associate in Medical-Legal Research, Harvard Law School and Harvard Medical School, Boston. Fourth Edition, Completely Revised. Cloth. Price, $15. Pp. 1085, with 794 illustrations, many colored. Philadelphia, Montreal, London: J. B. Lippincott Company, 1943.

The Health of Children in Occupied Europe. Paper. Price, 25 cents. Pp. 37. Montreal: International Labour Office, 1943.

A Polarographic Characterization of Nicotinic Acid and Related Compounds. II-V. By Paul C. Tompkins and Carl L. A. Schmidt. University of California Publications in Physiology. Paper. Volume 8, No. 16, pp. 221-256, fourteen figures in text. Berkeley and Los Angeles: University of California Press, 1943.

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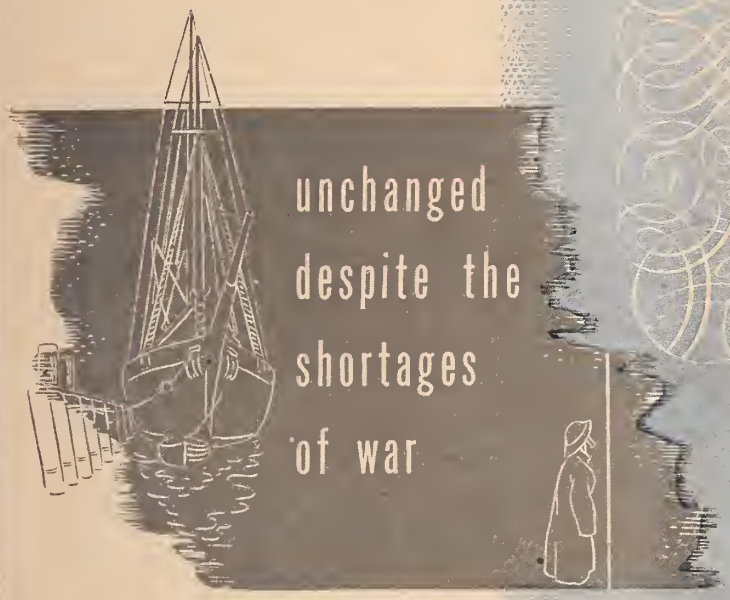
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BOOK REVIEWS

A Surgeon's World. An Autobiography. By Max Thorek, M. D. Cloth. Price, $3.75. Pp. 410. Philadelphia, New York: J. B. Lippincott Company, 1943.

Dr. Max Thorek grew up in the old Austro-Hungarian Empire, which he describes with vividness and quite without nostalgia. At the turn of the century the new world of America became his home.

The surgeon's world of which Doctor Thorek writes swings a wide orbit from the teeming Chicago slums where a young interne began to practice. to the American Hospital and his later carcer as a surgeon.

Life Is Too Short. An Autobiography by C. Kay-Scott (Frederick Creighton Wellman). Cloth. Price, $3.50. Pp. 348. Philadelphia, New York: J. B. Lippincott Company, 1943.

If Balzac was right when he said that every life contains the material of a novel, then C. Kay-Scott's life would furnish material for a whole library—of romance, of science, of medicine and painting, of teaching and mining and writing, of business, farming and philosophy.

Africa called him from his boyhood, and as a young doctor he went there to practice medicine and to study tropical diseases which, in the nineteenth century, were almost entirely unknown. How, in the "white man's grave," Frederick Creighton Wellman built a hospital, competed with witch doctors, hunted big game, explored and surveyed where no white man had been before, and reared a healthy young family, begins a narrative that is unique among life stories.

Later on, during his South American adventures, as C. Kay-Scott, he was to be, in turn, an accountant for the

(Continued on Page 18)

HE ORDERS THE JUMP... BUT HE'S

FIRST TO LEAP





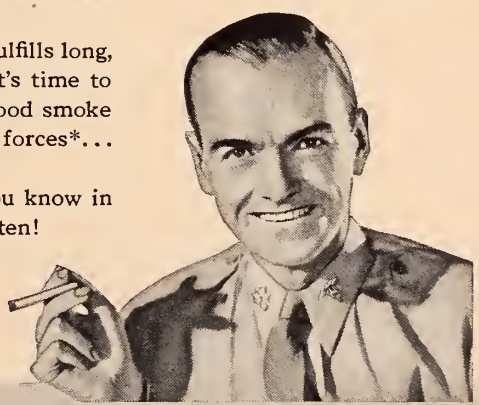
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New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.



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By Richard P. Strong, M.D., LL.D., Sc.D., D.S.M., Professor of Tropical Medicine, Emeritus, Harvard University. 398 Illustrations. Tables. 1827 Pages. 2 Volumes. $21.00 (1942).

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BOOK REVIEWS

(Continued from Page 14)

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Introduction to Psychobiology and Psychiatry. A Textbook for Nurses. By Esther Loring Richards, M. D., Sc.D., Associate Professor of Psychiatry, Johns Hopkins University; Physician-in-Charge of the Out-Patient Department, Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital; Psychiatrist-in-Chief, Baltimore City Hospitals. Cloth. Price, $2.50. Pp. 357. St. Louis: The C. V. Mosby Company, 1941.

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BOOK REVIEWS

(Continued from Page 18)

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Cardiac Clinics: A Mayo Clinic Monograph. By Frederick A. Willius, B. S., M. D., M. S. in Med., Head of Section on Cardiology, Mayo Clinic, and Professor of Medicine, Mayo Foundation for Medical Education and Research, Graduate School, University of Minnesota, Rochester, Minnesota. Cloth. Pp. 276, with 19 illustrations. St. Louis: The C. V. Mosby Company, 1941.

As expressed in the preface, the author emphasizes that the practical consideration of cardiac problems, as met in daily practice by the busy physician, is to be the chief characteristic of his book. In this he notably succeeds. His brief monograph is in no sense encyclopedic, nor is it meant to be. Yet, with a few omissions, such as auricular flutter, it takes up practically all of the pathologic states apt to be encountered in practice. In the main, the book is a compilation of case reports with appropriate discussions of each, and throughout the emphasis is on practical considerations. A few brief discussions, without case reports, are added, dealing with such topics as historic excerpts,

(Continued on Page 22)

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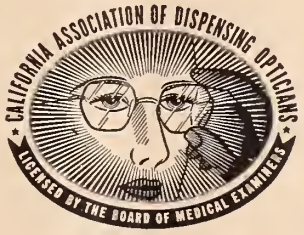
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APPROVED BY AMERICAN COLLEGE OF SURGEONS

BOOK REVIEWS

(Continued from Page 20)

congenital heart disease, various therapeutic measures, and other items of general interest.

Each illustrative case is complete with history, physical and laboratory findings, and in some instances necropsy findings as well. At the end of each is a brief discussion in which the author poses and answers pertinent questions regarding the problems inherent in the case immediately outlined. By this very ingenious method, points are more clearly brought out, and, in fact, subtly stressed so that the reader is more deeply impressed than when written in the usual, conventional textbook style.

Other sections deal with such topics as: "The Importance of Individualization of Regimen for Patients with Heart Disease," "Misuse of Medical Terms," "The Science and Art of Medical Practice," "The Philosophy of Convalescence," and others. In these brief presentations, the author demonstrates his profound medical background. His comments on "Interpretation of Electrocardiographic Findings" might be profitably read by all those who interpret electrocardiograms or who rely on others for their interpretation.

Concerning the factual data throughout the book, there can be no criticism. The views are those of a man with a rich clinical experience. As is frequently the case, whatever the book or whoever the author, there may be minor points concerning which some readers might disagree. In this work, these are certainly in obscurity, if at all.

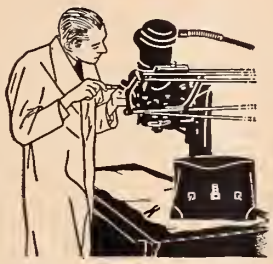
In general, this is a book which may be highly recommended. It is not only authoritative, but the material is extremely interestingly presented. The physician who consults it will find many a medical "pearl" between its covers.

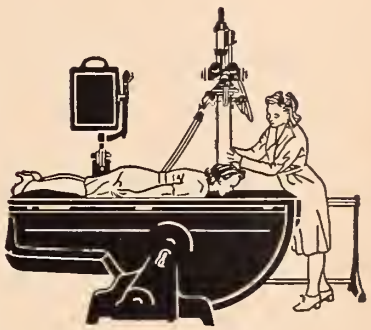
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EDITOR GEORGE H. KRESS

Editorial Board

Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C. M. A. department, see index below.)

Committee on Publications

F. Burton Jones	Vallejo	1944
Francis E. Toomey	San Diego	1945
George W. Walker (Chairman)	Fresno	1946
Secretary-Editor	ex officio	

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

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Change of Address.—Request for change of address should give both the old and new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

COUNTY SOCIETY ACTIVITIES DURING YEAR 1944

Why Modifications Are in Order.—County Society activities as carried on in days of peace must necessarily, during prevailing conditions, undergo modifications. To what extent changes may be indicated will depend in good part on local circumstances, such as the size of the county unit, its present active membership, and nature and topography of the territory to be served by members remaining in civil practice. Hospital staff meetings and like affiliations must also be taken into consideration, but these, too, may need considerable curtailment. With the increased stress and strain under which physicians who remain in civil practice are called upon to work, it may be held by some that, presumably, the present is no time for county society meetings. Such a conclusion is not well founded, since at no time during the last half century, in which modern medicine has made great progress, has there been more need of an Organized Medicine that will be alert to its public health and other obligations. Today, the very existence of Scientific Medicine is menaced; since national and other legislative projects have been proposed which, if put into execution, must so greatly endanger the quality of medical practice that American Scientific Medicine would no longer be able to achieve results such as have brought to the people of the United States—lower morbidity and mortality statistics than can be shown by any of the other civilized nations.

* * *

Meeting Programs Should Be Planned and Started on Time.—Loyalty to the best interests of the Public Health and of Scientific Medicine, therefore, demand that Organized Medicine—the protecting agency of both—shall be kept militantly active. This does not mean that unnecessary or too frequent meetings of county societies shall be convened, but that, when held, up-to-date topics of importance and worth will be given careful consideration. Since minutes and hours not assigned to professional work are needed for rest and other duties, it will be well for program committees and presiding officers to remember that better attendance will be secured at meetings, and more value obtained from conferences, if stated times of beginning and adjourning are strictly observed; say, to convene at 8 p. m. and adjourn at 10 p. m. For it is always possible for those members who wish to

linger for further discussion or exchange of views to do so. But it is a wise procedure to adhere to the rule of a planned program, with prompt call to order at the stipulated hour, and promptness when the time of adjournment arrives. Experience of many county societies has amply demonstrated the value of the observances noted above, and newly elected officers will make no mistake if they proceed along such lines.

* * *

Topics for Meeting Programs.—Concerning the nature of programs for meetings, the following items may be worthy of consideration. Owing to the difficulty in providing transportation facilities—by train, auto or airship—it is not always possible nowadays to secure guest speakers from the four Class A medical schools of California or metropolitan centers. Furthermore, these colleagues are, themselves, working overtime in carrying through the accelerated four-year medical curriculum that has been crowded into three calendar years.

However, in lieu of these clinical and other teachers in the medical schools, California, within its boundaries, has an unusually large number of Army and Navy camps, some with large hospital staffs; and among these may be found clinicians and teachers who were on the staffs of Eastern medical schools. County Society Program Committees may wish to write to, for example, "Medical Officer in Command, Hospital Station of Camp (whatever may be its name)" asking for the names of one or more staff members who might be available for addresses or papers on military, tropical or civil medicine. County Society officers should also remember to send to the hospital stations of near-by camps notices of monthly meetings, with an invitation to military colleagues to feel free to be present and participate.

Nor should medical-economic subjects be overlooked. The maternity-pediatric program of the Federal Children's Bureau, the implications of the Wagner-Murray-Dingell Social Security bill are topics concerning which a clear understanding might well be obtained by every physician. Likewise, medical and hospitalization services, as carried on in California, are worthy of careful study, as also items in the minutes of the Council of the California Medical Association, and noted in the printed proceedings which appear in California and Western Medicine. All such have suggestive value.

Program Committees are invited to correspond with the California Medical Association Committee on Postgraduate Activities, in care of the Editor, who is the Postgraduate Committee's secretary. All possible coöperation will be given.

PERMANENTE-KAISER HOSPITAL IN OAKLAND IS GIVEN A FEDERAL APPROPRIATION AND PRIORITIES

A Press Announcement.—A press item, dated January 7, gives the following information:

HOSPITAL TO BE ENLARGED

"The Permanente Foundation Hospital in Oakland will be expanded to provide an additional 140 beds and a clinic to handle 1,000 patients a day, it was announced yesterday [January 7] by Henry J. Kaiser.

"Kaiser said priority authorization had been received and that construction of the new facilities would begin at once.

"The project is estimated to cost $1,200,000, with $775,000 for construction and the balance for equipment.

"The hospital, opened a year ago, at present provides 134 beds, three operating rooms and a clinic capable of handling 300 to 400 cases each day."—San Francisco *Examiner*.

* * *

Comment on the Press Item.—The above publicity release by the Henry Kaiser shipbuilding interests indicates that the Maritime and Federal War Production Board and regional representatives, and other authorities, have deemed it necessary to supply additional hospital facilities for the East Bay and Alameda area.

In the stress and strain of existing conditions, it has been possible for the Permanente Hospital and Kaiser interests to secure, in the promotion of their war-time activities, priorities for construction materials and equipment that were denied to several Alameda County hospitals, possessed of available funds to add to their respective bed capacities, and that had made earlier applications. Be that as it may, some of the need for more beds in the war production area of the Alameda region will now be met when the plans indicated in the press item are carried through.

* * *

On Ultimate Disposition of the New Hospital Structure.—Since these additional buildings and equipment will be paid for by Federal monies, it may be permissible to call attention to contingencies likely to arise when the present war is over. (The Maritime Commission has made the loans to the Permanente group, but the funds of the Maritime Commission also come from the taxpayers.)

If reliance may be placed upon statements that have appeared in public print, it can be assumed that, when the need of ships and other military equipment has been supplied, many of the shipyards and airplane plants, among other war utilities, will be promptly dismantled. The same will probably apply to many structures accessory to such activities. If so, the question of the disposition of the new $1,200,000 addition to the Permanente-Kaiser hospital may then come up for consideration. The question arises, therefore, as to whether the Federal authorities would gratuitously give such a plant to the State of California or to Alameda County, or whether the property would be placed on sale for the highest bidder?

Certainly, since the structure and equipment will have come into existence by virtue of taxpayers' monies, it would seem fair to assume that the local

tax-paying community should have prior rights of purchase in case the municipality of Oakland or the county of Alameda desired to take such action.

If the Permanente hospital addition now authorized would not be a desirable addition to the Alameda County Hospital, it is possible that the city of Oakland might wish to purchase it for use as an emergency hospital, in manner similar to the way in which the city of Los Angeles maintains its large emergency hospital, even though the immense Los Angeles County General Hospital is located within the municipal limits.

Whether the above thoughts that float into mind have or do not have merit is not the question. Rather, it is the obligation of citizens and members of the medical profession to give consideration to these matters in order to set in motion, now, those procedures which will make a matter of record with Federal authorities the request of local communities that they be notified when, at the end of the duration, the disposition of such properties comes up for consideration.

REPRESENTATIVES OF STATE MEDICAL ASSOCIATIONS OF PACIFIC STATES MEET IN JOINT SESSIONS: A PRESENT-DAY TREND

Conference on Maternity-Pediatric Program of Federal Children's Bureau. — Resolutions adopted at a meeting in San Francisco on November 2 and 3, 1943, by representatives of the constituent state medical associations of Washington, Oregon, Idaho, Arizona, and California, at a conference called at the instance of the Washington State Medical Association, to consider the maternity-pediatric program of the Federal Children's Bureau, appeared in California and Western Medicine for November, on page 293. Because of lack of space, it was not possible to print the minutes of the interesting proceedings at which the implications of the procedures laid down by the Federal Children's Bureau were then given earnest consideration by the State Association representatives. It is significant that the resolutions adopted are in accord with procedures recommended by other groups that have given attention to the problems involved.

* * *

Joint Meeting of Pacific States Medical Associations to Consider Future Program on Matters of Public Policy and Legislation.—The other meeting of representatives of the medical associations of the Pacific States convened in Salt Lake City on December 11, 1943, upon call issued by the Committee on Public Policy and Legislation of the California Medical Association. It was attended by delegates from the following state medical associations: Arizona, California, Colorado, Idaho, Oregon, and Utah. The report of the proceedings of that conference appears in the current issue of California and Western Medicine, on page 27.

* * *

Significance of the Two Conferences.—The significance of these two conferences rests on their indication that physicians, through their respective groups in Organized Medicine, no longer confine their thinking and outlook to purely local or even commonwealth needs; but that the present-day vision of members of the medical profession comprehends activities and relationships which will be in line with the many other changes taking place in the social, economic and political environments of the nation.

No longer can the physician, who loves his profession and desires it to maintain its capacity for high quality service, be content to be an entity unto himself. In the todays and tomorrows, more than that will be needed if public health interests and professional standards are to be maintained and perpetuated. The community spirit and coöperative endeavor must be in constant operation if the forces antagonistic to the best interests of Scientific Medicine are to be successfully combated.

It is reassuring to be in a position to place on record meetings such as the two Pacific States conferences recently held. In other portions of the United States, and especially in the Midwest section, like expressions of joint agreement on basic policies of regional and national scope are also becoming manifest.

These meetings may be taken as signs or forerunners that the members of the medical profession are evidencing an increasing interest in the activities of Organized Medicine—to the end that Scientific Medicine, both as regards its quality and its distribution, shall be made available in fullest measure to the people of the United States.

AN HISTORICAL NOTE ON MEDICAL JOURNAL ADVERTISING—RE: C. AND W. M. AND J. A. M. A.

Annual Conference of State Association Secretaries and Editors at American Medical Association Headquarters. — During the November, 1943, conference of State Medical Association secretaries and editors, held in Chicago, at the dinner to the editors, the major paper by Austin E. Smith, Secretary of the American Medical Association Council on Pharmacy and Chemistry, dealt with the activities and policies of that Council.

In the discussion which followed, the editor of California and Western Medicine called attention to the service that was rendered by the Official Journal of the California Medical Association in its early years during which it was known as the California State Journal of Medicine, when, in its first issue in November, 1902, it editorially announced as its advertising policy the following:

CHARACTER OF ADVERTISING

"The deplorable condition of medical journalism in this country is a matter that has frequently been commented upon. For the most part, every medical journal is supported only by its advertising, and consequently is controlled by the advertisers. As a result its advertising pages have comparatively little value, for the reason that few of the subscribers read them, and few who read have

much faith in the one-sided story which they tell. They teem with advertisements of 'proprietary' and straight-out 'patent' medicines; medicines and preparations which no self-respecting practitioner should touch with a ten-foot pole, let alone even consider the possibility of using. Pages of very many journals are devoted to paid notices of these 'proprietary' articles, and the average physician cannot tell them from the regular reading matter, which they purport to be. That such advertising pays is made evident by looking through the files of prescriptions at any drug store. . . .

"The California State Journal of Medicine, the official organ of, and partly supported by the Medical Society of the State of California, does not propose to print any such advertising. It will attempt to make its advertising pages as useful to its readers as the pages of reading matter. So far as is practicable, the things advertised in this journal will be tacitly vouched for by the Journal: no matter will be accepted for the advertising pages that is not strictly ethical and legitimate; that is not directly opposed to the spirit of quackery represented by the 'proprietary' and the 'patent' medicine.

"The editor [Philip Mills Jones], who is under bonds to publish the Journal monthly, and is personally responsible for all financial obligations connected with its publication, has been advised that he will secure little or no advertising on the basis outlined. This may or may not be true, but he is going to try it, even if he 'goes broke.' If the regular practitioners of this Coast and Country desire to see one journal in the United States conducted on such a policy, then there is no danger of the Journal not paying its own expenses."

The notable campaign for consistency in text-page and advertising-folio ethics was led by the founder of the Official Journal of the California Medical Association, the late Philip Mills Jones, who, subsequently, for many years also rendered exceptional service to the American Medical Association as one of its trustees.

* * *

A Visit From the Surviving Member of the First Publication Committee.—Some six weeks after the recent Chicago meeting, the Editor received a visit from Dr. George H. Evans, president of the California Medical Association in 1907, who is now the senior living ex-president of the California Medical Association. Doctor Evans stated that the purpose of his visit was to submit for consideration, for placement in the records or other use, a letter that he had written after reading an editorial in *The Journal of the American Medical Association* for October 9, 1943, in which the matter of ethical advertising had been portrayed. Doctor Evans was one of three members of the first publication committee of the Official Journal—with the late Harry M. Sherman, president of the California Medical Association in 1914, and Editor Jones, who guided the course of the Official Journal up to the day of his untimely death on November 27, 1916.

Official Journal of the California Medical Association Was the Only Medical Publication in 1902 With a Stringent Advertising Standard.—At the Chicago meeting in November, in reply to the California and Western Medicine's editor's reference to the standards laid down by the Official Journal of the California Medical Association, the statement was made that, in those days, namely, the first decade of the present century, there was not a single medical journal that was not guilty of accepting off-color advertising. On that point, Doctor Evans states that, while this may have been the case for all other medical journals, it did not apply at that time to the Official Journal of the California Medical Association. Reference to the publications of that period supports Doctor Evans' contention.

* * *

Interesting and Important Letter of Ex-President George H. Evans.—Because the service rendered in those years to the publications of Organized Medicine by the California Medical Association required much courage, and since the historical record is worthy of preservation, the above facts are here recounted.

The interesting letter which Ex-President Evans independently brought to the Editor's office, follows:

(copy)

George H. Evans, M. D.
San Francisco

December 15, 1943.

Dr. George H. Kress, Editor,
California and Western Medicine,
San Francisco, California

Dear George:

Your attention is directed to an editorial, "Council Standards and Medical Advertising," appearing on page 354 of the October 9 issue of *The Journal of the American Medical Association*. In this number, several of the state medical journals are brought to task for having strayed from the path of ethical advertising as interpreted by the Council on Pharmacy and Chemistry of the American Medical Association. Among the list of offenders appears California and Western Medicine, which is charged with carrying in its July issue the advertisements of six nonaccepted products.

As the sole surviving member of the original Publication Committee of the California State Journal of Medicine, I well recall the turbulent birth throes of that Journal, when Philip Mills Jones, Harry M. Sherman, and the writer announced the slogan of "ethical advertising" as the urgent reason for the organization of another medical journal, and trained our guns on the chief offender at that time which was condemning on its editorial pages the nostrums which it was advertising—and receiving money from—on its advertising pages. This was none other than *The Journal of the American Medical Association*.

There may be some survivors of those days who recall the campaign of vilification which followed,

the persecution of Philip Mills Jones and his associates on the Publication Committee, and the final triumph of the infant publication, and vindication of the principle which gave it birth.

That the American Medical Association subsequently claimed the credit for having sponsored the principle of ethical advertising detracts in no measure from the fact that our STATE JOURNAL initiated and carried to a successful issue the fight for ethical advertising against the powerful *Journal of the American Medical Association*. I do not know if the charge in this editorial that we have erred in having "published advertisements for six nonaccepted products" is true, nor do I know whether or not we accept the interpretation of the Council on Pharmacy and Chemistry of the American Medical Association as our authority for what constitutes ethical preparations.

It would seem to me, however, that this incident might be considered justification for presenting to your readers a résumé of the early history of our JOURNAL and of the splendid fight Philip Mills Jones made for ethical advertising. We owe that aggressive pioneer much for his devotion to the principles of ethical medicine, and I know you thoroughly agree with me that much of the present usefulness of our JOURNAL is due to the wise guidance of Philip Mills Jones during its formative period.

With best wishes and the season's greetings,

Cordially yours,

(Signed) GEORGE H. EVANS.

Bohemian Club, San Francisco.

TWO RECENT "CALIFORNIA AND WESTERN MEDICINE" ARTICLES ON MEDICAL PRACTICE

Two Articles Worthy of Perusal.—CALIFORNIA AND WESTERN MEDICINE for December, presented as its leading articles two papers given at the seventy-fifth anniversary of the San Francisco County Medical Society—one by Dr. A. J. J. Rourke of San Francisco, on "Medical Practice of the Future," and the other by Dr. Morris Fishbein of Chicago, on "Medical Practice: Its Evolution."

While the article by Doctor Fishbein gave comment on general historical trends, that of Doctor Rourke dealt with more recent activities; and, in addition, in its conclusions, mentioned in definite terms the author's opinions on national and California experiments, also outlined decisions which must be made by physicians, and gave specific recommendations in relation to the needs of Organized Medicine, in both its national and California relationships.

The attention of readers is called to these articles since they present facts and observations of importance, worthy of careful consideration by every physician who would be alert to what is taking place in medical practice. The suggestion is also submitted, that these two papers might well be made the subject of a review by every county medical society, a general discussion to follow the commentator's remarks. It is through such frank discussion among ourselves that we, as physicians, will better prepare ourselves to educate our lay friends concerning the worth and aspirations of Organized and Scientific Medicine.

PUBLIC RELATIONS SURVEY CONCERNING MEDICAL PRACTICE

Report Will Be Made on California Medical Association Survey of Public Opinion in Relation to Medicine.—CALIFORNIA AND WESTERN MEDICINE for November, on page 255, under the above caption presented editorial comment on the California Medical Association Council action outlined under Item 5 on page 273 of that issue.

For the information of California Medical Association members, the following preliminary report received from Foote, Cone & Belding is appended:

"Interviewing has been completed on the Public Opinion Survey authorized by the Council of the California Medical Society at its meeting October 10, 1943. Tabulation is being rapidly completed. It is expected that reports will be mailed to California Medical Association Council members on the 16th of January.

"Foote, Cone & Belding, which is conducting the Survey for the Association, reports an unusual enthusiasm on the part of the public to express its views on medical matters. This eagerness has been encountered universally in every part of the State, and among all occupational and income groups.

"While unwilling to commit themselves fully prior to the release of the completed survey and the report which they will make personally to the Council at its January 23 meeting, executives of Foote, Cone & Belding responsible for handling the Survey indicate that public relations problems of the medical profession are better than had been thought."

MEDICAL EPONYM

Hines-Brown Test

This test is described by Drs. Edgar A. Hines, Jr. (b. 1906) and George E. Brown (1885-1935) in an account entitled "A Standard Stimulus for Measuring Vasomotor Reactions: Its Application in the Study of Hypertension," which appeared in the *Proceedings of the Staff Meetings of the Mayo Clinic* (7:332-335, 1932). A portion of the article follows:

"The subject is placed at rest for twenty minutes and the blood pressure is taken every five minutes until a constant level is obtained. Then one hand is immersed above the wrist in ice water for twenty to thirty seconds. The temperature of the water varies from 4 degrees to 5 degrees C. The systolic and diastolic blood pressures immediately rise, and then return to the basal level in from one to two minutes. . . .

"It was found that among subjects . . . with organic forms of hypertension, the average increase of systolic and diastolic pressures was greatest for all the subjects studied. . . ."

A later report on the results of this test in 571 normal and hypertensive subjects appears in the *American Heart Journal* (11:1-9, 1936).—R. W. B., in the *New England Journal of Medicine*.

EDITORIAL COMMENT†

NEW THEORY OF HEMOLYTIC ANEMIA

The reticulo-endothelial cells are generally assumed to be solely responsible for the destruction of senescent red blood cells in the animal body. Other tissues are also presumably involved in normal and pathologic blood destruction, since Maegraith[1] and his co-workers of the British Colonial Military Service currently report the discovery of a powerful isohemolytic enzyme in numerous other fixed tissue cells. In testing for these enzymes, monkeys were exsanguinated by the transfusion technique described by Dreyer and Ray,[2] and their organs removed aseptically and sliced into small pieces approximately 4 mm. square and 2 mm. thick. One piece of each organ was placed in 2 cc. of a 5 per cent suspension of washed monkey erythrocytes and incubated to 37 degrees centigrade. Within eighteen to twenty-four hours the erythrocytes in many of these tubes were completely lysed. Other tubes were partially lysed, with several negative controls.

The lytic factor formed or released by such tissue fragments is apparently species-specific. While monkey tissues will fully lyse monkey erythrocytes, they are wholly inactive against human and guinea pig red blood cells. By the same technique many guinea pig tissues will fully lyse guinea pig red blood cells, but are wholly inactive against human and monkey erythrocytes. Human tissues are specifically lytic for human red blood corpuscles. The lytic agent is not limited to tissues rich in reticulo-endothelial cells. The lungs, liver, spleen, heart muscle, bone marrow, and testes of guinea pigs, monkeys, and man are highly active. Slightly less activity is noted in the kidneys, skeletal muscle, and pancreas of the same species. In man the lymph nodes are relatively inactive while they are highly active in monkeys. The lytic activity of all tissues is destroyed by heating the tissue to 80 degrees centigrade for five minutes. From these and other data Maegraith concludes that the lytic agent is a species-specific isohemolysin, or "erythrocytase," one of whose normal functions is presumably the destruction of extravasated red blood cells.

This fixed-tissue specific "erythrocytes" is normally held in check by a nonspecific antihemolysin in the blood stream. This antihemolysin is, of course, not new since quinine suppression of humoral antihemolysin was postulated a generation ago in one of the suggested theories of blackwater fever.[3] The species-specific fixed-tissue erythrocytase, however, is apparently new; its nearest analogue being the nonspecific hemolytic lipoid demonstrated a generation ago in the liver autolysate.[4]

From their experimental evidence the British military surgeons suggest that blackwater fever and many forms of hemolytic anemia are presumably due to an imbalance between the fixed tissue erythrocytase and the humeral inhibitor. Whether this is due to a pathological increase in the species-specific cellular isohemolysin (or antibody) or to a decrease in the circulating antihemolysin is now under investigation, with special reference to the therapy of chronic malarial anemia. It is of interest that the antihemolysin in human serum is resistant to drying, reconstructed human plasma being fully inhibiting.

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REFERENCES

1. Maegraith, B. G., Martin, N. H., and Findlay, G. M.: Brit. Jour. Exp. Path., 24:58 (April), 1943.

2. Dreyer, G., and Ray, W.: Phil. Trans. Roy. Soc. London, 281B:133, 1910.

3. Brem, W.: Arch. Int. Med., 9:129, 1912.

4. Wells, H. G.: Chemical Pathology, third edition, p. 231, 1918.

MEDICAL EPONYM

Hurler's Syndrome

Although the term "gargoylism" as applied to this syndrome was first used by Ellis, Sheldon, and Capon in an article entitled "Gargoylism (Chondro-Osteo-Dystrophy, Corneal Opacities, Hepatosplenomegaly, and Mental Deficiency)," which appeared in the *Quarterly Journal of Medicine* (29:119-135, 1936), the source of the eponym is an article by Dr. Gertrud Hurler of the University Children's Clinic in Munich. Doctor Hurler wrote "Über einen Typ multipler Abartungen, vorwiegend am Skelettsystem [Multiple Degenerative Changes, Predominantly Skeletal]," which appeared in *Zeitschrift für Kinderheilkunde* (24:220-234, 1919). A portion of the translation follows:

"In the foreground of the clinical picture presented by our little patients stands the peculiar deformity of portions of the skeleton, namely, of the head as a whole and especially the occipital region, of the clavicles, of the proximal end of the humerus and of the scapula. As the x-ray pictures show, we are dealing with changes in conformation particularly through extensive hyperostoses and defects (gaping sutures) in the skull, apparently the result of disturbances in ossification. The clavicles give the impression of being heavy, massive, excessively cured bony structures. The substance of the scapula seems very compact, the acromion markedly bulging, the joint socket shallow and small. In addition, there is in both children a marked kyphosis, in one a funnel breast, in the other a pigeon breast, and in both, diffuse clouding of the cornea pronounced by the eye specialist to be hydrophthalmia, that is, a congenital defect; and as further stigmas of degeneration there are in both children crooked little fingers and contractures of the fingers.—R. W. B., in the *New England Journal of Medicine*.

Cabot's Splint.—The position of Arthur Tracy Cabot in American surgery, particularly in the genito-urinary field, was one of recognized leadership. He was not only known for his operative skill, but for the contributions he made to operative procedures. The wire splint, bearing his name, was designed for fractures of the lower leg, and gained world-wide use.—Warner's *Calendar of Medical History*.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

ORIGINAL ARTICLES

Scientific and General

ARTHRITIS AND ALLIED CONDITIONS IN AN ARMY GENERAL HOSPITAL*

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ARTHRITIS and its related conditions constitute major medical and administrative problems in an Army General Hospital. At Hoff General Hospital, for the year 1942, approximately 11 per cent of admissions to the medical service and 41 per cent of admissions to the general medical section were for complaints referable to the muscles and joints. These statistics may lead to a false conception of the frequency of "rheumatism" among soldiers unless it is realized that a large proportion of cases with chronic disease ultimately filter to a general hospital. By no means do these figures reflect the incidence of rheumatic disease in the Army as a whole. Actually, when it is recalled that arthritis constitutes the sixth greatest cause of disability in the United States,[1] its incidence among soldiers would be small compared with the appalling morbidity rate in the civil population.

CLINICAL MATERIAL FOR THE STUDY

A series of 350 cases of arthritis and allied conditions admitted to the medical service has been studied. The cases were divided into two general groups: those with peripheral joint complaints, and those with symptoms referable to the back. The present discussion will be limited, for the most part, to the first group, which comprised 61 per cent of the series (Table 1). During the course of study, certain clinical observations, some peculiar to military service, have been made and various administrative problems bearing on the diagnosis, management, and disposition of rheumatic diseases have been encountered. It is felt that a brief sketch of some of these experiences and difficulties may be of general interest.

INTERRELATIONSHIP OF THE ARTHRITIDES

An unique opportunity to observe the several peripheral inflammatory arthritides early in their course has been afforded. We have been struck with the similarity of the early manifestations of certain cases of rheumatoid arthritis, acute rheumatic fever and the arthritis associated with gonorrhea. In many instances cases have been admitted with an acute or subacute arthritis, and differential diagnosis has been impossible until the course of the disease has been followed for a period of weeks. We have seen almost identical cases enter the ward on the same day, the joint manifestations in one subsiding promptly with salicylates and finally being classified as acute rheumatic fever. In another the typical joint deformity and roentgenographic changes of chronic rheumatoid arthritis have gradually developed. Again, we have observed cases which ultimately were clinically indistinguishable from chronic rheumatoid arthritis but in which the onset of joint manifestations occurred concurrently with an acute Neisserian urethritis. So often have the early manifestations of these three types of peripheral inflammatory joint disease been almost identical, and so frequently have their courses been "atypical," that consideration of a common etiologic denominator has been entertained. In this regard, a case of apparent subacute rheumatoid arthritis with typical involvement of the metacarpophalangeal and proximal interphalangeal joints of the hands and subsequent fusiform deformity of the proximal finger joints is vividly recalled. During the course of his illness this soldier developed chorea and mitral stenosis.

Table 1.—*Classification of Three Hundred and Fifty Admissions for Arthritis and Allied Conditions*

			No. of Cases
Peripheral joint complaints			214 (61.1%)
Psychogenic rheumatism		44	
Rheumatoid (atrophic) arthritis		41	
Osteo-arthritis (hypertrophic)		35	
Primary (senescent)	16		
Secondary (post traumatic, etc.)	19		
Acute rheumatic fever		34	
Unclassified arthritis		30	
? Rheumatoid	8		
? Gonorrheal	10		
? Rheumatic fever	7		
? Nonspecific synovitis	5		
Fibrositis, primary (intramuscular and periarticular)		10	
Gonorrheal arthritis		5	
Gout (pretophaceous)		3	
Miscellaneous types		12	
(Hemophilic 1, Psoriatic 1, Erythema nodosum 1, Ancylostomiasis 1, Sulfathiazole reactions 2, Congenital osteoarthropathy 1, Coccidioidal granuloma 1, Acromegaly 1, Osteopoikilosis 1, Tuberculous (questionable) 2.)			
Back complaints			136 (38.9%)

Nature often abhors classification, and many cases of arthritis fail to behave in the manner of designated prototypes. In approximately 14 per cent of our cases, differential diagnosis had not been established at the time of the patient's disposition. For both clinical and administrative reasons we have preferred to place these patients in an "unclassified" group. This attitude, from the administrative standpoint, is important because often the diagnosis determines the disposition of the patient. For example, if an aviation cadet develops an atypical form of acute polyarthritis and the medical officer arbitrarily appends the diagnosis of acute rheumatic fever because the case fails to fall into any definite category, such a diagnosis may preclude the cadet's return to duty on a flying status.

RHEUMATOID ARTHRITIS

Approximately 19 per cent of the peripheral arthritides were of the rheumatoid type. Con-

* From the Medical Service, Hoff General Hospital, Santa Barbara. Ed. Note.—Captain Boland is now stationed at the Army and Navy General Hospital, Hot Springs, Ark.
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The opinions and assertions contained herein are the private ones of the writer and are not to be used as official or reflecting the view of the army department or the army service at large.

sidered as a group these cases have differed in several respects from those seen in civilian practice. The familiar insidious onset with early predilection for the knuckles and proximal joints of the fingers has been only infrequently witnessed. More often the onset has been subacute and later the process has settled down to its more characteristic chronic state. Early joint effusion, particularly in the knees, has been common. The most striking observation with this type of arthritis in soldiers has been its curious joint distribution. In 70 per cent of cases the joint involvement has been confined to the lower extremities alone. The metatarsophalangeal and interphalangeal joints of the toes were involved in 41 per cent of cases, while the corresponding joints in the fingers were affected in only 10 per cent. Such a distribution in rheumatoid arthritis is in marked contrast to that encountered in the general population. We are unable to explain this observation, unless the preponderant use of the lower extremities in soldiers serves as a factor. While the entire problem of pathogenesis in rheumatoid arthritis remains such a vexing question, we cannot add greatly to the confusion by suggesting that minor joint trauma may perhaps provide a site of decreased resistance for development of an incipient rheumatoid state.

GONORRHEAL ARTHRITIS

In the Army the diagnosis of gonorrheal arthritis is based on rigid criteria. Bacteriologic identification of the gonococcus and good clinical judgment are necessary before such a diagnosis is ventured. This strict attitude may be appreciated when it is realized that gonorrhea and any of its direct complications are considered as due to the soldier's misconduct, are not in line of duty and are not compensable. Such a diagnosis may provoke stoppage of pay for the entire period of absence from duty because of the illness. Further, if the arthritis is sufficiently disabling to warrant separation from the service, the soldier may obtain a discharge "without honor." The development of an inflammatory polyarthritis, or less frequently a mono-arthritis, within two to four weeks of a bacteriologically-proved Neisserian urethritis has been considered adequate evidence for diagnosis. If initial smears have failed to demonstrate the gonococcus, the diagnosis of gonorrheal arthritis has not been made. It is interesting that, ultimately, such cases have often been indistinguishable clinically from those in the chronic rheumatoid group. Positive cultures from aspirated joint fluid will establish the issue. Unfortunately, even when the sulfonamides have not been given and when the best cultural methods are employed, the gonococcus can be successfully isolated in only 25 per cent of cases.[2] We have considered the complement-fixation test too unreliable and the so-called characteristic x-ray changes not sufficiently specific to serve, in themselves, as diagnostic criteria. In short, unless the diagnosis is completely proved, it is not made.

OSTEO-ARTHRITIS, GOUT, AND OTHER FORMS

Osteo-arthritis, gout, and some of the rarer forms of arthritis have differed in no way from those seen in civilian practice. As expected, considering the predominance of soldiers in the lower age group, primary osteo-arthritis of the peripheral type was observed in only 7.5 per cent of the series. The diagnosis of primary peri-articular or intramuscular fibrositis was made in 4.7 per cent of cases. This figure is in contrast to the incidence noted by English physicians assigned with the British Expeditionary Forces. Of one hundred "rheumatic" cases studied in a general hospital in France, 70 per cent were reported as fibrositis.[3] We believe that many cases which have been loosely regarded as fibrositis are actually examples of psychogenic rheumatism. We have ventured the diagnosis of fibrositis only when a typical history has been elicited. Necessary criteria have included aching and stiffness in the absence of significant objective changes in the joints or muscles; aggravation of symptoms by periods of inactivity, dampness or changes in weather; relief by moderate exercise and local heat; and the presence of these symptoms in an emotionally stable individual.

PSYCHOGENIC RHEUMATISM

The medical profession as a whole is more aware of functional cardiovascular and gastro-intestinal complaints than of the non-organic disorders which involve the musculo-skeletal system. Pain and stiffness in a joint or a subjective sense of swelling do not necessarily signify organic joint disease. Judging from the large number of cases which are admitted with the diagnosis of arthritis but which failed to show demonstrable joint pathology, it is apparent that the concept of psychogenic rheumatism is not generally appreciated. Just as with peptic ulcer, carcinoma of the colon, or pneumonia, the diagnosis of arthritis is based on certain physical signs and roentgenographic findings, or at least on a characteristic history in the case of presumptive gout. Again, when organic joint changes are present they may fail to fully explain the intensity of the symptoms presented by the patient.

Psychogenic manifestations occur with appalling frequency in soldiers. The conflicts incident to military service which precipitate such functional states are manifold and constitute complex psychiatric problems. Psychogenic rheumatism merely means that emotional upsets may bring about or intensify symptoms of pain, stiffness and limitation of motion in the joints and muscles.[4] Twenty and six-tenths per cent of our cases with peripheral joint complaints were regarded as instances of psychogenic rheumatism and 3.7 per cent of those with pathologic joint changes had a definite psychoneurotic coloring. Nineteen and one-tenth per cent of the group with backache were considered psychogenic and 26.5 per cent of those with roentgenographic or objective physical abnormalities of the back had a definite psychogenic overlay (Table 2).

TABLE 2.—*Incidence of Psychogenic Rheumatism*

		Psychogenic Rheumatism	Organic Change plus Psychogenic Overlay	Total Cases with Psychogenic Symptoms
Peripheral Joint Complaints	214	44 (20.6%)	8 (3.7%)	52 (24.3%)
Back Complaints	136	26 (19.1%)	36 (26.5%)	62 (45.6%)
Total Number of Cases	350	70 (20.8%)	44 (12.6%)	114 (32.6%)

When the conversion is pure and none of the well-known psychoneurotic symptoms accompany the fixation, recognition of the underlying emotional maladjustment may be difficult. Experience has taught most of us to be suspicious of striking incongruities between the subjective complaints and the organic findings. Bizarre symptoms or signs are much more likely to be functional in nature than they are to be unusual manifestations of a rare disease. The experienced medical officer becomes expert at spotting the stooped backs which bend from the pelvis and the various grotesque limps that pass down the halls of the hospital. Hysterical leg weaknesses, hypesthesias and anesthesias following minor back injuries have become commonplace. We have been impressed with the large proportion of backaches, even those resulting from minor strains, which fail to improve with prolonged bed rest. The perpetuation of symptoms, in many instances, is undoubtedly dependent on the soldier's unconscious desire to become divorced from active military service.

Often the somatic fixation is not confined to the musculo-skeletal system and superimposed functional cardiovascular, gastro-intestinal or neurological complaints exist. In the vast majority of cases various psychoneurotic symptoms, such as anxiety, irritability, fatigue, insomnia, and mental depressions, are present. Most of us have learned to first evaluate the soldier and then his complaint. So often an anxious, strained or detached attitude has been a clue leading to recognition of the psychogenic nature of the ailment. Careful interrogation as to the exact qualities of the complaint is important. Frequently what is stated as pain, after questioning becomes a numbness or tingling, a dead or twitching sensation, a fleeting hot or sticking feeling, a fullness, or even a sensation of ice water dropping into the joint. Why soldiers so often develop somatic fixation in the musculo-skeletal system is an involved psychiatric problem. The fact that a strong back and healthy extremities are synonymous with good soldiering possibly make these portions of the body sites of predilection for somatic fixation.

CONCLUSION

Arthritis and related conditions comprise a large proportion of admissions to the medical service of an Army General Hospital. Certain clinical and administrative features relating to the rheumatism problem are peculiar to military service. These include the proclivity for involvement of the lower extremities in rheumatoid arthritis; the difficulty of differential diagnosis in early cases of acute and subacute peripheral arthritis; the often encountered uncertainty in the diagnosis of gonorrheal arthritis; and the frequent tendency for soldiers to develop psychogenic symptoms in the muscles and joints.

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REFERENCES

1. Britton, R. H., Collins, S. D., and Fitzgerald, J. S.: The National Health Survey: Some General Findings as to Disease, Accidents, and Impairments in Urban Areas, Public Health Rep., 55:444-470, 1940.

2. Comroe, B. I.: "Arthritis and Allied Conditions." Lea & Febiger, Philadelphia. Second edition. Pages 479. 1941.

3. Hench, P. S., Bauer, W., Boland, E. W., Dawson, H., Freyberg, R. H., Holbrook, W. P., Key, J. A., Lockie, L. M., and McEwen, C.: Rheumatism and Arthritis: Review of the American and English Literature for 1940, Ann. Int. Med., Vol. 15, No. 6, 1002-1108, 1941.

4. Halliday, J. L.: The Concept of Psychosomatic Rheumatism, Ann. Int. Med., Vol. 15, No. 4, 666-677, 1941.

ABDOMINAL TRAUMA*

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IN view of "total war," the subject of abdominal trauma is timely for civilian and military surgeons alike.

Abdominal injuries of whatever cause are always serious, and their treatment taxes the most mature judgment of the surgeon who must make a quick and flawless decision based upon the cause of the injury and the circumstances surrounding it, the condition of the patient with an accurate evaluation of the abdominal wound and associated injuries, the previous treatment given, the time elapsed since injury, and the probable success of surgical treatment.

Among the causes of injury may be a bullet, bomb or shell fragment, bayonet or knife, flying splinters of wood or other objects, falling masonry, structural steel, glass, splinters of bone from a fractured pelvis, injury from a rib, an injury incident to the use of motorized equipment, or a pressure air or water wave following detonation of a high explosive bomb. Determination of the circumstances surrounding the injury, for example, the position of the patient at the time of injury, may greatly help the surgeon in determining the course of the bullet or bomb fragment, or give some idea of the probable seriousness of the atmospheric or immersion blast injury.

SYMPTOMS AND SIGNS

In considering the patient's condition, if shock is not extreme the subjective complaints are determined, and a careful, quick physical examination made with an evaluation of any associated

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The opinions or assertions contained therein are the private ones of the writer and are not to be construed as official or reflecting the views of the War Department or the war service at large.

injuries. The symptom of pain varies greatly in these patients, and depends more upon the amount of intra-abdominal hemorrhage or "spillage" from the intestines than upon actual visceral trauma. A perforation of the large bowel, with little fluid in the lumen and the consequent small amount of peritoneal contamination, may not cause much pain; whereas a profuse hemorrhage or the leakage of acid gastric juice from the stomach will usually cause a great deal of pain. At times a localized area of pain away from the wound of entrance may indicate the area where the missile is lodged. Nausea or vomiting may or may not occur. In water-blast injuries, hematemesis and diarrhea with or without blood in the stools have been observed. Vesical or rectal tenesmus may occur following injury to the bladder or rectum. Dyspnea may occur, especially with abdominothoracic wounds, and actual air hunger may occur following considerable blood loss.

In consideration of the objective findings the pulse, temperature, respirations, blood pressure, color, and mental state are important. Inspection of the abdomen may show a diminution or absence of the normal respiratory abdominal excursion which suggests intraperitoneal extension of the wound, or if no wound is present locally or in an adjacent area it may indicate intraperitoneal damage from blast or from a direct or indirect blunt force. Bulging of the flanks may indicate intra-abdominal hemorrhage or spilling of the intestinal contents, and rarely a bluish discoloration may be observed around the umbilicus (Cullen's sign) which indicates intra-abdominal hemorrhage. If external evidence of injury is present, the tract must be examined, its probable course carefully plotted with an evaluation as to whether intra-abdominal penetration has occurred and, if so, what structures are probably involved, and whether a surgical repair and functional restoration can be accomplished. It is important to be cognizant of the possibility of a ruptured bowel even in the presence of an entirely extraperitoneal wound.

In the case of a bullet wound, the wound of entrance is generally smaller and less irregular than the wound of exit. If a concentric area of discoloration is present around the wound of entrance, it usually indicates that the bullet has taken a straight course; whereas an area of contusion to the right of the wound indicates that the bullet passed from right to left, and vice versa. At times some information can be gained by palpation in determining the probable course of the bullet, and occasionally the missile may be located lodged in the subcutaneous tissues of the abdomen, lower thoracic wall, back, buttock, or upper regions of the thigh.

Abdominal tenderness and rigidity give the surgeon a great deal of information. Generalized tenderness and rigidity usually indicate massive hemorrhage or abundant contamination of the peritoneal cavity with liquid intestinal contents; whereas localized tenderness and rigidity usually indicate that no serious hemorrhage has taken place, and that if intestinal perforation has occurred, the contamination has been slight. From the recent literature there appears to be an exception to this rule in some cases of immersion blast where generalized tenderness and rigidity have been present and have been accounted for on the basis of miliary subserosal, and mucosal intestinal hemorrhages. It is the opinion of some authors that the irritation of the serosa produces the peritoneal signs. However, cases of perforation or tear of the colon and terminal ileum have also been reported from this type of injury, and it would appear that the differential diagnosis between a nonperforated and a perforated condition is extremely difficult.

At times ballottement or percussion is helpful in determining the presence of fluid in the abdominal cavity. Intestinal activity is usually affected as a result of insult, and peristalsis will not generally be heard if hemorrhage or contamination of the peritoneum with intestinal contents is widespread. A rectal examination should always be made and the withdrawn finger cot observed for evidence of blood, and every case requires a gross examination of the urine for blood.

INDICATIONS CONCERNING TREATMENT

With this information the surgeon has had an opportunity to appraise the patient, and with the knowledge of the previous treatment given and the time elapsed since injury, he must decide immediately upon the course of treatment. Surgical treatment should be confined to those patients who, having responded from shock or hemorrhage, are of short duration, and whose condition appears amenable. An abdominal injury of long duration or of such wide extent as to make surgical intervention obviously futile should be given conservative care.

Generally speaking, it is never wise to operate upon a patient if more than twelve hours have elapsed since the injury. By that time walling off of the perforations by omentum, or adjacent loops of intestine has occurred, and surgery is practically always fatal; whereas by conservative treatment an occasional patient will survive usually after the drainage of one or more residual abscesses. An exception is in the case of certain penetrating and perforating wounds, or wounds from blunt force, which involve the liver, or, rarely a small perforating wound of the spleen. If it can be determined that a hollow viscus has not been perforated, the surgeon may be justified, depending upon the circumstances, in being conservative if he has seen the patient early. However, if bleeding continues, or he sees the patient late and there has been evidence of massive hemorrhage, late operation is relatively safe in the absence of a perforated viscus. It is well to remember, in splenic injuries, that there may be a period of "symptomatic silence," between the time of injury and the later appearance of hemorrhage, which may last for a few hours, several days or, rarely, for weeks.

The treatment of shock with blood, blood derivatives, electrolytes and oxygen is necessary in the majority of cases of abdominal trauma. Except in an occasional case where the findings point to the

shock being due to a massive hemorrhage the surgery should be delayed until the blood pressure is at least 80 mm. of mercury and the patient is showing some improvement. Relief of pain with morphine to allow rest, the head-down position, and the preservation of body heat are all important adjuncts. It is important, as demonstrated by the recent experimental work of Wakim and Gatch, to merely create an external temperature approximating that of the normal body. These authors have shown experimentally that cold, or heat above the normal body temperature, proved to be harmful to the life of animals in shock.

In warfare it very frequently is not practical to perform any but the most necessary laboratory procedures. Of the various procedures the most valuable one in most cases is a flat x-ray plate of the abdomen which can be done very easily and quickly with the portable field unit. In penetrating wounds this will give the surgeon a great deal of information. If conditions permit, appropriate hematological studies can be carried out, the most valuable one in the presence of shock being the hematocrit determination of mean corpuscular volume.

In the military service all soldiers are actively immunized against tetanus, and in a case receiving external wounds a stimulating dose of the toxoid is given. In cases that have not been actively immunized, 1,500 to 3,000 units of tetanus antitoxin should be used and repeated at weekly intervals for two or three weeks if the circumstances indicate it. Furthermore, in certain badly lacerated wounds polyvalent gas bacillus antitoxin is indicated.

SURGICAL INTERVENTION

Surgical intervention in these desperately ill patients requires the utmost in skill, judgment, and teamwork, and it is never advisable to keep these patients on the operating table more than one hour. The choice of the anesthetic has a very important bearing on the outcome and, although many problems of anesthesia in the seriously wounded must still be answered, ether remains the best and safest, single, all-around anesthetic agent in the average case of abdominal trauma requiring surgery. Under certain practical conditions local field block, supplemented by nitrous oxide and oxygen, or cyclopropane, can be used to advantage. In a rare case, and again under certain conditions, cyclopropane or ethylene might be used when the quality of rapid induction of the anesthetic agent is necessary to investigate without delay the question of internal hemorrhage or perforation. Spinal anesthesia or basal anesthesia with the intravenous barbiturates has no place in the surgical treatment of these patients who are susceptible to shock.

The *type of incision* should depend upon the probable intra-abdominal structures that are injured and, if practical, should not be made through the traumatized tissues. The incision should be entirely adequate in length, and if no special indications present themselves a paramedian or midline incision is generally preferable. If indicated, the incision may be oblique, transverse, subcostal or costal with excision of the costal arch, or in the loin to expose posterolateral wounds of the abdomen.

If, on opening the abdominal cavity, *hemorrhage* is encountered, it must be controlled to prevent further shock and to eliminate interference with any other operative procedures necessary. Splenic tears always require splenectomy and, if necessary, the pedicle can be digitally compressed temporarily. Bleeding from lacerations of the liver may usually be temporarily controlled by warm, moist packs, or, if not, the hepatic artery and portal vein can be compressed digitally near the free edge of the gastrohepatic omentum. With a small wound of the liver a piece of muscle placed over it will often suffice. With larger tears mattress sutures wide of the tear, and not tied too tightly, may prove satisfactory, although packing with plain gauze may be necessary. At times the liver may be too extensively ruptured or torn for repair. Bleeding from a superior mesenteric vessel may be controlled temporarily by digital pressure of the mesenteric vessels just below the duodenum. According to Storck, bleeding from the inferior vena cava has been successfully controlled by suture, or by forceps applied to the rent and left in position for several days. If ligation of the common or external iliac artery is necessary, Storck advises injection of the lumbar sympathetic ganglia with one injection of 95 per cent alcohol, or repeated injections of one per cent procaine to try to avert gangrene of the extremity. Extensive retroperitoneal hemorrhage may be due to a kidney injury, and one should not hesitate to explore the kidney and ureter by the transperitoneal route. Nephrectomy can be performed and, if necessary, clamps may be left on the renal vessels for several days.

If indicated by the type of injury, and after any significant hemorrhage that may have existed has been controlled, the *intestinal tract is examined systematically*. The entire colon is examined first because of the nature of any contamination from this organ. Any damage is repaired before going on with the exploration, and it is important to watch for perforations on the posterior wall, as they can be easily overlooked. The ascending and descending colon normally possess no mesentery, and if a wound is suspected involving the posterior wall the segment must be mobilized. Beginning at the ileocecal valve the small intestine and its mesentery are then carefully examined and any injuries repaired as they are discovered. A hematoma at the junction of the mesentery and intestine must be carefully examined for a perforation. Following this the duodenum, anterior and posterior wall of the stomach, pancreas, biliary tract, liver, spleen, diaphragm, bladder and retroperitoneal structures are examined as indicated.

Complete division of the large bowel is less frequent than in the small bowel, due to its size, but large tears are more frequent. Also, because of the lack of numerous coils, except in a case with a redundant pelvic colon, wounds of the colon are less apt to be multiple than in the small bowel.

Perforations of any part of the gastro-intestinal tract should, if possible, be cared for by suture rather than resection, due to the almost prohibitive risk. However, at times, due to extensive damage or an interruption in the blood supply, resection is necessary. If resection of the colon is indicated, an obstructive type of resection, which is a graded procedure and simply performed, is the safest. This may be supplemented in some cases by cecostomy. If the patient's condition necessitates it, the damaged loop may merely be exteriorized, as is practiced in doing the first stage of the Mikulicz resection for carcinoma of the colon. A resection with anastomosis should never be done. Colostomy is indicated only in very extensive wounds which are, however, amenable to suturing, and also in the case of rectal wounds. Drainage should be the procedure of choice following care of wounds of the colon.

In the small intestine very small wounds can be closed by purse-string suture, whereas in larger wounds the closure should be transverse to the long axis to avoid narrowing of the lumen unless it causes angulation. If resection is obligatory, end-to-end anastomosis is usually the procedure of choice, although a side-to-side anastomosis is quite satisfactory. Occasionally, in the presence of severe shock it is best to adopt the method used in treating colon wounds that require resection, by merely exteriorizing the damaged loop or performing an obstructive type of resection. A short circuiting operation, such as a transverse ileocolostomy, would conceivably be indicated in certain rare instances.

In *wounds of the stomach* the posterior surface must always be examined, and this is best accomplished by opening the gastrocolic or gastrohepatic omentum. In the case of an extensive gastric or duodenal wound, gastro-enterostomy might be unavoidable, or it might be necessary to perform a jejunostomy for feeding. Pancreatic wounds are generally associated with other injuries, and there is very little that can be accomplished by direct treatment. The paucity of these wounds seen by the surgeon is undoubtedly due to the relationship of the gland to the large blood vessels. Gall-bladder and common-duct injuries are treated by cholecystostomy, choledochostomy or, rarely, by cholecystectomy, as the indications present themselves. Wounds of the ureter are rare, but the general surgeon frequently sees bladder tears that are treated by suture and an indwelling catheter, or suprapubic cystostomy, as indicated. Wounds of the diaphragm and thorax frequently accompany abdominal trauma. Diaphragmatic lacerations are often most difficult to approach and repair in the course of an emergency abdominal operation and, unless dangerous to the patient, should be left for an elective procedure to be performed at a later date. If emergency repair is necessary, the transpleural approach is more satisfactory in most instances.

Before closure of the abdomen it is essential to use one of the sulfonamide drugs intraperitoneally, and evidence is rapidly accumulating to show that for this purpose sulfathiazole is superior to the older, more widely used sulfanilamide. Neither drug produces evidence of peritoneal irritation; whereas sulfapyridine, and to a lesser extent sulfadiazine, are definite peritoneal irritants and should not be considered. Sulfathiazole, from the standpoint of its antibacterial activity, is "polyvalent," and does not disappear from the peritoneal fluid for as long as four or five days after use. Because of this last quality it is not necessary to use oral or parenteral sulfonamide therapy for the first three or four days after surgery. In contrast, sulfanilamide is considered "monovalent" from the standpoint of its antibacterial activity, and disappears from the peritoneal fluid in less than twenty-four hours. This makes it necessary to start oral or parenteral sulfonamide therapy, if it is considered necessary, within twenty-four hours after surgery. Up to 10 grams of sulfathiazole can be used intraperitoneally, and it must be in the powdered or crystalline form. It is also important that it be dispersed over the surfaces rather than packed into one or two pockets.

In view of the general serious character of these cases and the possibility of disruption, *closure of the exploratory wound,* using through and through steel alloy sutures, is the procedure of choice. The wounds of entrance and of exit are thoroughly debrided, powdered lightly with sulfathiazole, and vaseline gauze inserted. Any intraperitoneal drains or packs are brought out through stab wounds or through the traumatic wound if present.

POSTOPERATIVE CARE

Good postoperative care is paramount and a few important points are worth consideration. Blood and blood substitutes must be used freely to combat shock, anemia and hypoproteinemia and the electrolytes, to maintain a sodium chloride balance and a fluid intake of at least 3,000 cubic centimeters in each twenty-four hours. One hundred per cent oxygen given by the mask method is effective as an adjunct in shock therapy, and also for removing nitrogen from the lumen of the distended intestine in ileus, which is so frequently a complication following abdominal trauma. It should be routine treatment to use a gastroduodenal catheter in these cases for prevention and treatment of ileus, and, if necessary, a Miller-Abbott tube. Even in the absence of special indications for sulfonamide therapy, it seems advisable in cases of wounds that have perforated the peritoneum, or wounds of the gastro-intestinal tract, to continue its administration for seven days postoperatively. If given orally, sulfathiazole or sulfadiazine seems preferable; whereas if given intravenously, sodium sulfadiazine appears to be the drug of choice, although sodium sulfathiazole has proven quite satisfactory. In conjunction with sulfonamide therapy it must be remembered that frequent blood levels, blood counts, and urinalyses should be done if practical. The urinary output should be a minimum of 1,000 cubic centimeters daily. The rôle of vitamins, particularly the vitamin B complex group and vita-

min C, makes their administration important in the care of these postoperative patients.

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REFERENCES

1. Auster, Lionel S., Lt. Comdr. MC-V(S), U.S.N.R., and Willard, John H., Lt. Comdr. MC-V(S), U.S.N.R.: Hydraulic abdominal concussion, J. A. M. A., 121:995-999 (Mar. 27), 1943.

2. Beecher, Henry K.: The choice of anesthesia for seriously wounded patients, J. A. M. A., 121:899-903 (Mar. 20), 1943.

3. Bueermann, W. H., Lt. Comdr. M.C.U.S.N.R.: The latent period and delayed hemorrhage following traumatic rupture of the spleen, U. S. Nav. M. Bull., 41:73-93 (Jan.), 1943.

4. Ecklund, A. M., Lt. Comdr. M.C.U.S.N.R.: The pathology of immersion blast injuries, U. S. Nav. M. Bull., 41:19-26 (Jan), 1943.

5. Gordon-Taylor, Gordon: The problems of surgery in total war; with special reference to abdominal injuries, Surg., Gynec. & Obst., 74:375-401 (Feb. 16), 1942.

6. Heaton, L. D., Lt. Col. M.C.U.S.A.: Abdominal war wounds, Hawaii M. J., 2:26-28 (Sept.-Oct.), 1942.

7. Herrell, Wallace E.: The local and intraperitoneal use of sulfonamide compounds, (Editorial), Surg., Gynec. & Obst., 76:247-249 (Feb.), 1943.

8. Moore, R. M., and Kennedy, J. C.: Mortality in penetrating wounds of the abdomen in civil practice, War Med., 2:912-916 (Nov.), 1942.

9. Palma, Joseph, Lt. Comdr. M.C.U.S.N.R., and Uldall, J. J., Lt. M.C.U.S.N.R.: Immersion blast injuries, U. S. Nav. M. Bull., 41:3-8 (Jan.), 1943.

10. Pugh, H. L., Comdr. M.C.U.S.N.R.: Surgical report on immersion blast injuries, U. S. Nav. M. Bull., 41:9-12 (Jan.), 1943.

11. Storck, A. H.: Abdominal injuries; abdominal and genito-urinary injuries. Saunders, 1942.

12. Throckmorton, T. D.: The peritoneal response to powdered sulfonamide compounds: an experimental study, Proc. Staff Meet., Mayo Clin., 16:423-425, 1941.

13. Wakim, K. G., and Gatch, W. D.: The effect of external temperature on shock, J. A. M. A., 121:903-907 (Mar. 20), 1943.

14. Young, C. T., Lt. Col. M.C.U.S.A.: Shock, Hawaii M. J., 2:22-25 (Sept.-Oct.), 1942.

DIABETES MELLITUS: SOME OF THE NEWER FACTORS IN ITS ETIOLOGY AND TREATMENT *

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INTRODUCTION.—Most investigators agree that a blood sugar which is too high causes existing diabetes to become progressively worse.

An unduly elevated blood sugar after meals may be the precipitating cause of diabetes in those who are already predisposed to this disorder. More important still, from a statistical viewpoint, the abnormally high blood sugar caused by overeating may have been the most important factor in the development of this disorder in the very large group of obese diabetic patients. If these statements prove to be true, then the objectives, both in the prevention and treatment of diabetes, are simplified.

Experimental work in support of the idea that a blood sugar which is too high may be the most important factor in the causation of diabetes in animals:

Allen's work [1,2] deserves first consideration. He showed that, following radical partial pancreatectomy in a dog, there were no signs or symptoms of diabetes until overfeeding abnormally elevated the blood sugar, resulting in the overstimulation and fatigue of the remaining island tissue. This overstimulation resulted in hydropic degeneration of the beta cells. Starvation of the dog resulted in the lowering of the blood sugar and a recovery of the beta cells of the islands of Langerhans if the overfeeding had not been carried on too long. Copp and Barclay [3] found that in similarly partially depancreatized dogs insulin therapy, which lowered the blood sugar to normal, brought about the same favorable results without starvation.

The second method of producing diabetes in intact animals is the daily injection of a watery extract of the anterior pituitary gland. This work was done in widely separated centers by Evans,[4] Houssay,[5] Young,[6] and Best.[7] The principal lesion in the pancreas is that of a very rapid degeneration of the beta cells in the islands of Langerhans, similar to that observed by Allen. If the injections are not continued too long, then a spontaneous recovery occurs when the injections are stopped. If the injections are continued long enough, then the diabetes is permanent.

Best, Campbell, and Haist have shown that the injection of this pituitary extract is associated with an increase of the blood sugar, probably due to the effect of the extract on the liver and other cells in the body. They showed that the simultaneous injection of insulin prevented the degenerative changes in the islands. They believe that the overstimulation and subsequent fatigue of the island cells are due to the high blood sugar or to those factors instrumental in the regulation of the blood sugar, incident to the injection of the pituitary extract, and not to the direct effect of the pituitary extract on the island cells.

Best and Haist,[8,9] studying the actual insulin content of the pancreas in rats, have shown that it varied remarkably with the type of diet used. Starvation and low calorie diets reduced the insulin content of the pancreas, diets composed mostly of fat did likewise, but both high carbohydrate and high protein diets increased it. Insulin, when used with starvation, low calorie diets, or high fat diets, further reduced the insulin content of the pancreas, and when used with high carbohydrate or high protein diets prevented an increase in insulin. The procedures, therefore, which generally lower the blood sugar, such as starvation, low calorie diets, high fat diets, and insulin, reduce the insulin content of the pancreas. Whether this decreased

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insulin content is due to lessened normal stimulation of the islands and decreased production or to excessive stimulation and exhaustion is yet unknown. On the other hand, high carbohydrate or high protein diets increase the insulin content of the pancreas.

Thus we see that, aside from total pancreatectomy, experimental diabetes is produced by procedures associated with an elevated blood sugar, with a resultant overstimulation and fatigue of the insulin-secreting cells of the pancreas.

* * *

Clinical data in support of the idea that a blood sugar which is too high may be the most important factor in the causation of human diabetes:

Overweight is by far the most common condition associated with diabetes. According to Joslin's[10] statistical survey, overweight preceded diabetes in 77 per cent of this series of cases. John[11] did glucose tolerance tests on 182 aglycosuric obese patients and found abnormally high curves in 65 per cent of them. Ogilvie[12] concluded that the impairment of tolerance was relative to the duration and not to the degree of the obesity. Usually this required a period of eleven years, but every woman who had been obese for eighteen years showed delayed utilization of glucose. Newburgh,[13] in his 1936 series of 370 new cases, 316 of whom were past thirty years of age, found that 57 per cent were obese on admission. About two-thirds of these patients were less than 40 per cent overweight.

Overweight is due in part to overeating. A single extra large meal elevates the blood sugar beyond the usual physiological response. Nature responds with a relatively increased insulin secretion. If the overeating is continued, then in the early stages of overweight there is a more or less continual hyperinsulinism.

A standard oral glucose tolerance test done after a period of increased insulin production from overeating may then show an abnormally low curve. Possibly in the past we have given false security to many overweight patients by telling them that they had no signs or symptoms of diabetes, whereas the low curve should have been a serious warning. Incidentally, the hyperinsulinism and the lower than normal blood sugar stimulates the appetite. Patients then eat still more. If this abnormal stimulation of the pancreas is continued long enough, abnormally high blood sugar curves occur first, eventually followed by sugar in the urine. If such a patient is placed on a maintenance diet for a sufficient length of time, then the standard glucose tolerance test shows a normal or even an elevated curve. Newburgh insists that all glucose tolerance tests to be of value must be preceded by a normal diet for five days. He uses 300 grams of carbohydrate with enough protein and fat to make up a 2,800 calorie diet.

Newburgh has shown convincingly the favorable effect on the hyperglycemia of obese patients by ample weight reduction. He treated a group of sixty-two patients, forty-seven of whom adhered to the diet as long as they were requested to do so. Six, or 12.6 per cent, of the forty-seven showed little or no improvement. Five, or 10.6 per cent, were improved slightly. The remaining thirty-six, or 76.6 per cent, achieved normal glucose tolerance tests. Commenting on the six that did not improve, Newburgh feels that they may have had a mild type of juvenile diabetes complicated by the subsequent overweight. He believes that the thirty-six did not inherit an incurable disorder of the tissues that produce insulin, but that the hyperglycemia was the simple result of their obesity.

Heredity is another accepted cause of diabetes. If one includes all of the patients whose relatives have or have had either diabetes or diabetes and obesity, then the incidence of hereditary diabetes is very high. However, if, as suggested before, some of these patients have diabetes solely because of their overweight and not because of any inherited damage to the pancreas, then the incidence of hereditary diabetes may not be high.

Warren[14] estimated the number of islands of Langerhans in a series of 259 pancreases from diabetic patients. He found that fifty-one, or about 20 per cent, showed a decrease in the number of islands. A person might be born with too few islands, which is comparable to experimental partial pancreatectomy. Diabetes may appear in the first few months of life. It is more apt to appear in the adolescent period, when the need for food is at a very high level. In such cases an elevated blood sugar is found before sugar appears in the urine.

Severe infections, such as mumps and scarlet fever, are sometimes followed by diabetes. Chronic infections, such as those of the gall-bladder, sometimes precede diabetes. No one as yet has succeeded in producing diabetes with infectious agents. However, the infection might specifically damage the pancreas. Many men have observed the development of diabetes following an attack of acute pancreatitis. An infection might damage the liver, interfering with its ability to use glucose, resulting in the subsequent elevation of the blood sugar. Many investigators have observed an improvement in the diabetic condition following the removal or the drainage of an infected gall-bladder.

Hyperthyroidism is associated with a disturbance in glucose utilization or mobilization, as manifested by a high blood sugar curve, both by the oral and intravenous methods. Hyperthyroidism, complicating diabetes, has a dilatory effect. Medical and surgical treatment of this condition improves diabetes.

PREVENTION OF DIABETES

Overweight must be avoided and always treated when present. All patients with an hereditary tendency must be examined regularly. We must not be content with urine sugar determinations alone. Fasting blood sugars are necessary. Glucose tolerance tests must be done after the patients have been prepared with a normal diet for a few days. Children should be observed after serious infections. Adults with known gall-bladder disease should have blood sugar and glucose tolerance determi-

nations made. Patients should be checked carefully for hyperthyroidism and treated promptly when it is present. Ideally, any abnormal elevation of the blood sugar should be treated before the clinical diagnosis of diabetes is made by the presence of pathological sugar in the urine. Best goes so far as to suggest that in hereditary diabetes, even before sugar appears in the urine, insulin should be used if restrictions in the diet do not bring the fasting blood sugar to a normal level.

TREATMENT OF DIABETES WITH DIET ALONE AND WITH DIET AND INSULIN

There are only three sources of calorie-yielding foods, namely, carbohydrates, proteins, and fats. The protein needs of the body can be satisfied adequately with about 80 grams of efficient protein a day. Stadie [15] and Koehler [16] have shown that all persons have a limited ability to burn fat which at rest amounts to about 1,200 calories a day. We do not know how much more can be burned with activity and, until we do, caution must be exercised in using more than 1,200 calories of fat a day. The rest of the diet must be composed of carbohydrates.

Statistically, in the treatment of diabetes, the most common diet used is a low calorie diet because so many patients are overweight when first seen. We usually start such patients on a diet of about 1,000 calories. We prefer to keep the fats as low and the proteins as high as possible, using about 100 grams of carbohydrate, 90 grams of protein, and 25 grams of fat.

We usually start an adult who is not overweight with a diet of about 2,000 calories. Representative manuals for diabetic patients at the present time contain 2,000 calorie diets which are remarkably alike as compared with the diets in use twenty years ago. The carbohydrate has been raised and the fat lowered, as indicated in the following table.

TABLE 1.—*Two Thousand Calorie Diets*

	Carbohydrate	Protein	Fat	Total Calories
Joslin 1941	180	89	103	2,003
Wilder 1941	167	84	110	1,994
Sansum 1939	199	86	98	2,022

A diet of approximately 2,500 calories is sufficient to enable an average adult with limited activity to gain weight, but more food may be necessary for the active adolescent child and for an adult who is doing hard physical work. High calorie diets in the textbooks previously mentioned are illustrated in the following table.

TABLE 2.—*High Calorie Diets*

	Carbohydrate	Protein	Fat	Total Calories
Joslin 1941	199	99	123	2,299
Wilder 1941	167	84	179	2,615
Sansum 1939	250	100	125	2,525

Wilder's diet is the highest in fat and the lowest in carbohydrate. If enough of the fat in this type of diet were stored in the gaining in weight process, there would be no danger of overstepping the fat tolerance of the patient; but we feel that such a diet might be high enough in fat if it is not stored to be close to the danger line, especially in the presence of some intercurrent infection.

Our use for many years of diets that contain more nearly the amount of carbohydrate found in normal diets was prompted by the desire to give diets generally adequate and also to keep the fat intake at a normal level. Adequate insulin always has been used when needed to keep the blood sugar normal with subsequent improvement, as shown by reduced insulin requirement.[17,18]

The sample diets arranged for us by Ruth Bowden, our dietitian, are representative of three types of diets commonly used.

Patients who can be controlled with dietary treatment alone belong largely to the overweight group. However, if the patient has had diabetes for a long time it often requires many weeks of careful dietary treatment to free the patient's urine from sugar and reduce the blood sugar to normal. Even if the urine is free from sugar but the blood sugar is too high, we find that much time can be gained by giving these patients about 20 units of protamine zinc insulin. We explain to these patients that this is done to improve their tolerance as rapidly as possible, and that in all probability they will need to take insulin only for a short time. All patients should know how to use insulin, because those who do not need it regularly may require it for a brief time in the presence of an acute infection.

The patients who need less than 35 units of insulin a day also are cared for easily. They are given whatever diet they should have and the appropriate number of units of protamine zinc insulin in a single injection before breakfast each morning. The insulin is increased or decreased, depending upon the fasting blood sugar. Many patients who will belong to this group eventually may require more than 35 units of insulin in the beginning.

The patients who need more than 35 units of insulin a day, in addition usually require some unmodified insulin. The effect of protamine zinc insulin is more or less continuously uniform throughout the twenty-four hours with a small amount of the insulin lasting more than twenty-four hours. During the daytime, and especially following breakfast, sugar is absorbed more rapidly than the modified insulin. Therefore, unmodified insulin, which is quickly absorbed, is given to care for part of the sugar absorbed during the day. For example, a patient who needs 60 units of insulin a day might take 45 units of protamine zinc and 15 units of unmodified insulin. Both of the insulins are taken before breakfast, but in separate injections and at separate sites. If sugar appears in the urine after breakfast, a larger amount of the unmodified insulin is given. If the fasting blood sugar is too high, then the protamine zinc insulin is increased.

Colwell [19] reports excellent results by mixing the two insulins in a single syringe. However, there is always such an excess of protamine in the protamine zinc insulin that unless fairly large proportions of unmodified insulin are mixed with it the whole effect is that of protamine zinc insulin.

TABLE 3.—*1,000 Calorie Diet*
Carbohydrate and Fat Ratio 4 to 1

DIET LIST	*AMOUNT*	*SAMPLE MENU*	*AMOUNT*	
Breakfast	*Grams*	*Breakfast*	*Grams*	*Measure*
12 per cent fruit	120	Sliced orange	120	1 small
Egg	50	Boiled egg	50	1 egg
Bread	30	Whole wheat toast	30	1 slice
Butter	5	Butter	5	½ pat
Hot beverage		Coffee		
Noon Meal		*Lunch*		
Meat	90	Broiled fish	90	3 ounces
3 per cent vegetables	200	Stewed tomatoes	100	3 tablespoons
		Shredded cabbage	100	3 tablespoons
6 per cent vegetable	100	String beans	100	3 tablespoons
12 per cent fruit	120	Raspberries	120	4 tablespoons
Butter	2½	Butter	2½	¼ pat
Skimmed milk	240	Skimmed milk	240	½ pint
Evening Meal		*Dinner*		
Meat	120	Roast beef	120	4 ounces
3 per cent vegetables	200	Beet greens	100	3 tablespoons
		Cauliflower	100	3 tablespoons
6 per cent vegetable	100	Baked squash	100	3 tablespoons
12 per cent fruit	120	Apple sauce	120	4 tablespoons
Butter	2½	Butter	2½	¼ pat
Hot beverage		Coffee or tea		
Evening		*Evening*		
Skimmed milk	240	Skimmed milk	240	½ pint

Approximate Food Value: Carbohydrate 106, Protein 92, Fat 26, Calories 1,026.

NOTE: Only vegetables with 3 and 6 per cent carbohydrate content and fruits with 12 per cent carbohydrate content are shown in the diet list and menu, but any vegetable or fruit containing from 3 to 15 per cent inclusive may be used by substituting the correct amount. Other substitutions may be made also for various staple foods in the diet list.

TABLE 4.—*2,000 Calorie Diet*
Carbohydrate and Fat Ratio 2 to 1

DIET LIST	*AMOUNT*	*SAMPLE MENU*	*AMOUNT*	
Breakfast	*Grams*	*Breakfast*	*Grams*	*Measure*
12 per cent fruit	150	Orange juice	150	5 ounces
Egg	50	Poached egg	50	1 egg
Bread	30	Whole wheat toast	30	1 slice
20 per cent cream	60	20 per cent cream	60	4 tablespoons
Butter	10	Butter	10	1 pat
Hot beverage		Coffee		
Midmorning		*Midmorning*		
12 per cent fruit	150	Apricot juice	150	5 ounces
Noon Meal		*Lunch*		
Meat	60	Cold boiled ham	60	2 ounces
3 per cent vegetables	200	Vegetable salad:		
		Tomatoes	135	1 medium
		Asparagus	50	3 stalks
		Lettuce	15	3 leaves
6 per cent vegetable	100	String beans	100	3 tablespoons
12 per cent fruit	150	Pineapple	150	5 tablespoons
Bread	30	French roll	30	1 small
Butter	5	Butter	5	½ pat
Salad dressing	15	French dressing	15	1 tablespoon
Milk	240	Milk	240	½ pint
Midafternoon		*Midafternoon*		
12 per cent fruit	150	Apple juice	150	5 ounces
Evening Meal		*Dinner*		
Meat	90	Broiled steak	90	3 ounces
3 per cent vegetables	200	Summer squash	100	3 tablespoons
		Spinach	100	3 tablespoons
18 per cent vegetable	100	Baked potato	100	1 small
12 per cent fruit	150	Sliced peach	150	1 medium
Bread	30	Whole wheat bread	30	1 slice
Butter	15	Butter	15	1½ pats
Hot beverage		Coffee or tea		
Evening		*Evening*		
Milk	240	Milk	240	½ pint

Approximate Food Value: Carbohydrate 197. Protein 90, Fat 95, Calories 2,003.

NOTE: Only vegetables with 3, 6, and 18 per cent carbohydrate content and fruits with 12 per cent carbohydrate content are shown in the diet list and menu, but any vegetable or fruit may be used by substituting the correct amount. Other substitutions may be made also for the various staple foods in the diet list.

TABLE 5.—*2,500 Calorie Diet*
Carbohydrate and Fat Ratio 2 to 1

DIET LIST	*AMOUNT*	*SAMPLE MENU*	*AMOUNT*	
Breakfast	*Grams*	*Breakfast*	*Grams*	*Measure*
12 per cent fruit	150	Orange juice	150	5 ounces
Cereal	20	Oatmeal	20	⅔ cup
Milk	120	Milk	120	½ cup
Egg	50	Egg	50	1 egg
Bread	30	Whole wheat toast	30	1 slice
20 per cent cream	60	20 per cent cream	60	4 tablespoons
Butter	10	Butter	10	1 pat
Hot beverage		Coffee		
Midmorning		*Midmorning*		
12 per cent fruit	150	Pineapple juice	150	5 ounces
Noon Meal		*Lunch*		
Meat	90	Meat loaf	90	3 ounces
3 per cent vegetables	200	Broccoli	100	3 tablespoons
		Stewed tomatoes	100	3 tablespoons
6 per cent vegetable	100	Eggplant	100	3 tablespoons
12 per cent fruit	150	Apricots	150	3 large
Bread	30	Rye bread	30	1 slice
Butter	20	Butter	20	2 pats
Milk	240	Milk	240	½ pint
Midafternoon		*Midafternoon*		
12 per cent fruit	150	Apple juice	150	5 ounces
Evening Meal		*Dinner*		
Meat	120	Roast chicken	120	4 ounces
3 per cent vegetables	200	Cauliflower	100	3 tablespoons
		Asparagus	100	6 stalks
18 per cent vegetable	150	Mashed potatoes	150	5 tablespoons
12 per cent fruit	150	Raspberries	150	5 tablespoons
Butter	20	Butter	20	2 pats
Bread	30	Roll	30	1 roll
Hot beverage		Coffee or tea		
Evening		*Evening*		
Bread	30	Toast	30	1 slice
Butter	5	Butter	5	½ pat
Milk	240	Milk	240	½ pint

Approximate Food Value: Carbohydrate 242, Protein 116, Fat 112, Calories 2,530.

NOTE: Only vegetables with 3, 6, and 18 per cent carbohydrate content and fruits with 12 per cent carbohydrate content are shown in the diet list and menu but any vegetable or fruit may be used by substituting the correct amount. Other substitutions may be made also for the various staple foods in the diet list.

For example, according to Peck,[20] if the patient were to take 60 units of insulin a day, a mixture of 30 units of protamine zinc and 30 units of unmodified insulin would give approximately 15 units of unmodified insulin. The other 15 units combine with the excess protamine zinc insulin so that the final result is 45 units of protamine zinc insulin and 15 units of unmodified insulin. A large syringe must be used so that a thorough mixing can take place. Because of the uncertainties of this procedure, we recommend separate injections of the modified and unmodified insulins.

Histone insulin,[21] developed in our own laboratories, shows a higher curve of absorption during the daytime and a lower curve of absorption during the night than the protamine zinc insulin. We have a number of patients who are taking 60 or more units of histone insulin with no unmodified insulin. They have no sugar in the urine and a normal fasting blood sugar.

SUMMARY

1. Most investigators agree that an abnormally high blood sugar makes existing diabetes progressively worse.

2. Experimental and clinical evidence has been presented in support of the idea that an abnormally high blood sugar may be an important factor in the causation of clinical diabetes, either in obese persons or in those who, for some reason or other, are predisposed to this disorder.

3. In the management of diabetes or in the prediabetic state, it is exceedingly important that the blood sugar be kept normal with diet alone or with diet and insulin.

4. We prefer to use diets which are as nearly normal as our present knowledge of nutrition permits regardless of the severity of the diabetes.

Sansum Clinic.

REFERENCES

1. Allen, F. M.: Studies Concerning Glycosuria and Diabetes, Cambridge, Harvard University Press, 1913, p. 1179.

2. Idem: Pathology of Diabetes. I. Hydropic degeneration of islands of Langerhans after partial pancreatectomy, J. Metab. Research, 1:5-41 (Jan.), 1922. Pathology of Diabetes. IV. Rôle of hyperglycemia in production of hydropic degeneration of islands of Langerhans, ibid., 1:75-88 (Jan.), 1922.

3. Copp, E. F. F., and Barclay, A. J.: The Restoration of Hydropically Degenerated Cells of the Pancreatic Islands in Dogs Under Insulin Treatment, J. Metab. Research, 4:445-451, 1923.

4. Evans, H. M., Meyer, Karl, Simpson, M. E., and Reichert, E. L.: Disturbance of Carbohydrate Metabolism in Normal Dogs Injected with Hypophyseal Growth Hormone, Proc. Soc. Exper. Biol. & Med., 29:857, 1932.

5. Houssay, B. A., Biasotti, A., and Rietti, C. T.: Action diabétogène de l'extrait anté-hypophysaire, Compt. rend. Soc. de biol., 111:479-481, 1932.

6. Young, F. G.: The Anterior Pituitary Gland and Diabetes Mellitus, New England J. Med., 221:635-646 (Oct. 26), 1939.

7. Best, C. H., Campbell, J., and Haist, R. E.: The Effect of Anterior Pituitary Extracts on the Insulin Content of the Pancreas, J. Physiol., 97:200-206, 1939.

8. Best, C. H., Haist, R. E., and Ridout, J. H.: Diet and the Insulin Content of Pancreas, J. Physiol., 97:107-119, 1939.

9. Haist, R. E., Campbell, J., and Best, C. H.: Prevention of Diabetes. New England J. Med., 223:607-615 (Oct. 17), 1940.

10. Joslin, E. P.: The Treatment of Diabetes Mellitus, ed. 5, Philadelphia, Lea and Febiger, 1935, p. 61.

11. John, H. J.: A Summary of the Findings in 110 Glucose Tolerance Estimations, Endocrinology, 13:388, 1929.

12. Ogilvie, R. F.: Sugar Tolerance in Obese Subjects, Quart. J. Med., 28:345, 1935.

13. Newburgh, L. H.: Control of the Hyperglycemia of Obese "Diabetics" by Weight Reduction, Ann. Int. Med., 17:935-942 (Dec.), 1942.

14. Warren, Shields: The Pathology of Diabetes Mellitus, Philadelphia, Lea and Febiger, 1930, p. 56.

15. Stadie, W. C., Zapp, J. A., Jr., and Lukens, F. D. W.: The Effect of Insulin Upon the Ketone Metabolism of Normal and Diabetic Cats, J. Biol. Chem., 132:423-443, 1940.

16. Koehler, A. E., Windsor, E., and Hill, Elsie: Acetone and Acetoacetic Acid Studies in Man, J. Biol. Chem., 140:811 (Sept.), 1941.

17. Sansum, W. D., Blatherwick, N. R., and Bowden, Ruth: The Use of High Carbohydrate Diets in the Treatment of Diabetes Mellitus, J. A. M. A., 86:178-181 (Jan. 16), 1926.

18. Gray, P. A., and Sansum, W. D.: The Higher Carbohydrate Diet Method in Diabetes Mellitus, J. A. M. A., 100:1580-1584 (May 20), 1933.

19. Colwell, A. R., Izzo, J. L., and Stryker, W. A.: Intermediate Action of Mixtures of Soluble Insulin and Protamine Zinc Insulin, Arch. Int. Med., 69:931-951 (June), 1942.

20. Peck, F. B.: Action of Insulins, Proc. Am. Diab. A., 2:69-83, 1942.

21. Gray, P. A., Bischoff, F., and Sansum, W. D.: Treatment of Diabetes Mellitus with Insoluble Insulin Compounds, Ann. Int. Med., 11:274-284 (August), 1937.

POLIOMYELITIS: ITS PRESENT STATUS*

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CLINICIANS are accustomed to dealing with practical problems. They ask practical questions and expect practical answers. They have little time to consider the many vague theories of poliomyelitis, however intriguing they may be. The present discussion avoids controversial subjects as much as possible, and attempts to give practical answers to five practical questions which vitally concern clinicians.

QUARANTINE

The question is frequently asked by clinicians: Of what value is isolation of cases and quarantine of contacts in controlling the spread of poliomyelitis? In answering this, I want to draw your attention to the extensive evidence indicating widespread dissemination of the virus of poliomyelitis. W. Lloyd Aycock [1] has estimated that close to one thousand people are infected with the virus of poliomyelitis for every recognized case of the disease. This estimate is based, first, upon extensive sampling of the general immunity status of the population by virus neutralization tests. If we compare the general immunity of the population to poliomyelitis—as indicated by virus neutralization surveys—to that of diphtheria, as indicated by Schick surveys—we find surprising parallelism. In Figure 1, taken from Aycock,[2] it will be noted that the percentage of immunes in the population for each age group is similar for both diphtheria and poliomyelitis. It should be noted, further, that for both diphtheria and poliomyelitis there is an equal and correspondingly higher rate of immunity for each age group in urban areas than in rural areas. From these facts we are led to conclude that the virus of poliomyelitis is approximately as widespread in both rural and urban communities as is the bacillus of diphtheria.

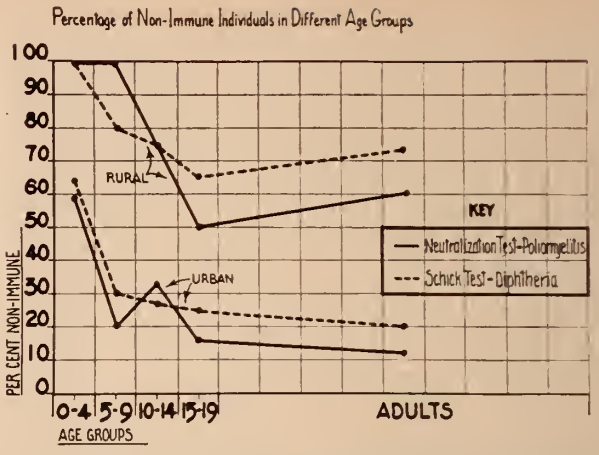


Fig. 1.—From Aycock, W. L., and Kramer, S. P.: Immunity to Poliomyelitis in Normal Individuals in Urban and Rural Communities, as Indicated by the Neutralization Test, Journal of Preventive Medicine, Vol. 4, No. 3, page 189, May, 1930.

The second bit of evidence indicating the widespread nature of poliomyelitis is the age incidence of the disease. We know that measles is a childhood disease, because susceptibles have been eliminated in the older age groups through the development of specific immunity. At the age of fifteen years, approximately 95 per cent of the population have had measles and can no longer be infected. There was a time in Europe when even smallpox, because of its widespread nature, was essentially a childhood disease. Poliomyelitis is, in the main, a disease of early life. In cities where the rate of contact and the general immunity status are high, the average age of onset in any single outbreak is correspondingly low. In the country, smaller towns and villages, where the rate of contact is low and the general immunity status of the population is also low, the average age of onset is correspondingly high. This is demonstrated nicely by the age distribution of cases occurring in New York State in 1916. It will be noted in Figure 2 that in New

* From the Health Department, city of Los Angeles.

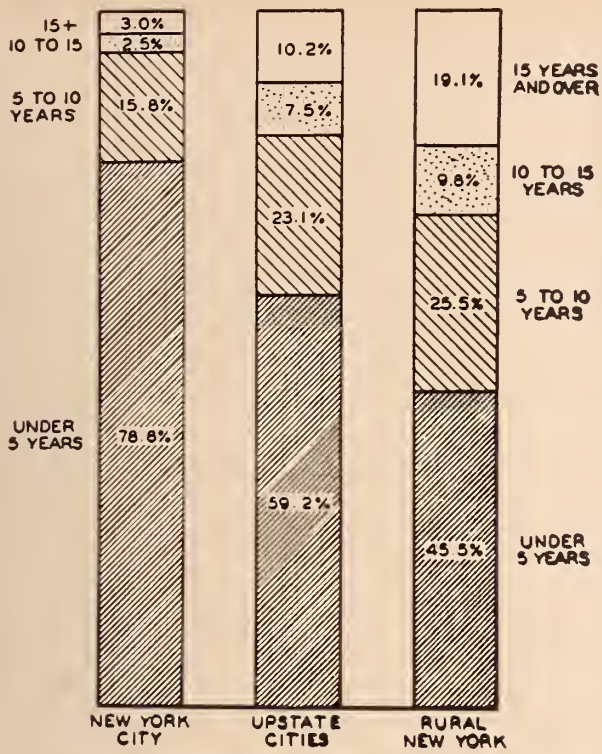


Fig. 2.—From Nicoll, Am. J. Dis. Child., 14:69, 1917: Age incidence of poliomyelitis in various population areas.

York City itself 78.8 per cent of the patients were under five years of age, while in upstate New York only 59.2 per cent were under five years of age, and in rural New York only 45.5 per cent were under five years of age.

The clinching evidence indicating the relatively widespread dissemination of the poliomyelitis virus lies in the actual demonstration of the virus in stools of healthy contacts and in surveys of the general population.

In view of the large number of unrecognized infected and undoubtedly infectious individuals in the population at large, it must be concluded that control of cases and immediate contacts does little, if anything, to control the spread of this disease. Quarantine may, however, serve to alleviate the enormous apprehension which always exists in the population during an epidemic, and certainly helps prevent panic.

SANITATION

In view of the recent isolation of the virus of poliomyelitis from the stools of cases and contacts, the question of the rôle of sanitation in the control of poliomyelitis deserves consideration. By sanitation one refers, in the main, to control of water, milk, and sewage. That dissemination of the poliomyelitis virus by water supplies is possible, no one can deny. Before, however, it is concluded that this is a common means of dissemination it must be shown that the behavior of the disease in human communities follows the distribution of water. It might be pointed out that tularemia and brucellosis have, on occasion, been disseminated by the water supply. It might be further pointed out that the tubercle bacillus may be recovered from sewage. None of these diseases are, however, considered to be true water-borne diseases.

With respect to water-borne poliomyelitis, Kenneth F. Maxcy [3] calls attention to the following facts:

"1. It has never been shown that either the epidemic or the endemic incidence of poliomyelitis is significantly associated with the quality and safety of water supplies, as determined by either a sanitary survey or by bacteriological analysis or by both.

2. When poliomyelitis has invaded large urban communities whose population is served simultaneously by a common water supply, the cases have not been scattered in time, in place, and persons expected. The disease has characteristically manifested a slow radial or progressive spread from an initial focus.

3. When poliomyelitis has occurred in rural areas, it has moved at a strikingly constant speed from place to place in a wholly unpredictable manner, but unaffected by the character of the local private water supplies.

4. Finally, and perhaps most important of all, there is on record at present not a single instance of an explosive outbreak of this disease which has been attributed to simultaneous exposure of a group of people to a common source of water."

There is very little doubt but that milk-borne poliomyelitis may occur. Of the eight such outbreaks suggested, approximately three may be considered as fairly well established. During the few years preceding the 1916 outbreak of poliomyelitis on the Eastern coast, there were many thousands of cases of diphtheria, scarlet fever, typhoid fever, and gastro-enteritis, traced to milk. Yet, in spite of the fact that the 1916 epidemic was the most extensive outbreak recorded in the United States, and despite the fact that it occurred at a time when pasteurization of milk was not extensive, we know of no milk-borne outbreak of poliomyelitis reported during this time. It must be concluded, therefore, that milk-borne poliomyelitis is, at best, a rare occurrence.

TONSILLECTOMY

The recent report by Francis, Toomey, et al.,[4] of the occurrence of five cases of bulbar poliomyelitis, resulting in three deaths out of five siblings within three weeks of simultaneous tonsillectomies, has emphasized the relation between the development of the bulbar form of poliomyelitis and recent tonsillectomy. Aycock, in 1929,[5] had shown that an unusually high incidence of the bulbar form of poliomyelitis follows tonsillectomy. It is obvious from Figure 3 that, while the incidence of spinal poliomyelitis is not affected by tonsillectomy, the incidence of bulbar and bulbospinal poliomyelitis is markedly influenced by recent tonsillectomy. In a later paper, Aycock [6] has shown that a tonsillectomy any time in the past predisposes to the bulbar form of poliomyelitis. In Figure 4, it may be seen that for each age group the percentage of the bulbar form of poliomyelitis in patients who have had a previous tonsillectomy is from two to three

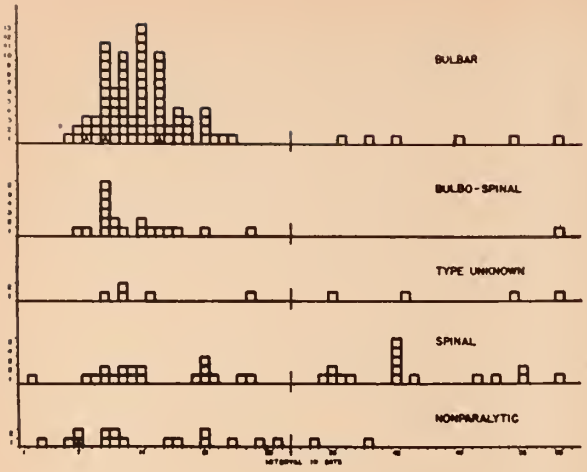


Fig. 3.—Poliomyelitis following recent tonsillectomy according to interval in days and clinical type of disease.

From Aycock, W. L.: Tonsillectomy and Poliomyelitis; epidemiologic considerations, Medicine, 21:65-94, February, 1942.

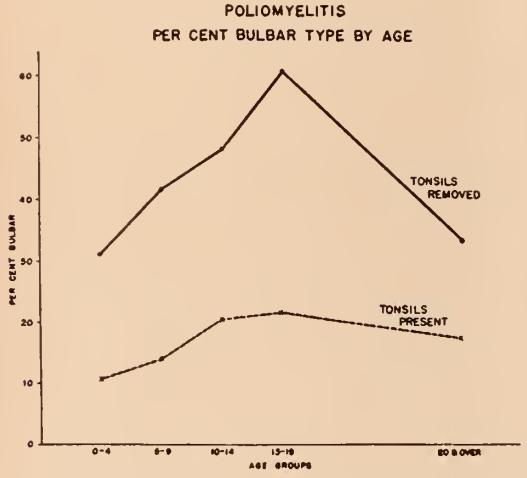


Fig. 4.—Percentage of poliomyelitis cases in each age group which were bulbar in type according to presence or absence of tonsils.

From Aycock, W. L.: Tonsillectomy and Poliomyelitis; epidemiologic considerations, Medicine, 21:65-94, February, 1942.

times as high as in patients who have not had a previous tonsillectomy. In view of these findings it must be concluded that the indications for tonsillectomy should be more carefully weighed, taking into consideration at all times the small but definite hazard of bulbar poliomyelitis.

DIAGNOSIS

As a result of Sister Kenny's influence, we are finding ourselves becoming more and more muscle-spasm conscious. Where, diagnostically, we had previously looked only for muscle weakness and reflex changes, now we find ourselves looking, as well, for muscle spasm. Sister Kenny has pointed out that in acute poliomyelitis there is invariably a spasm of the back and neck muscles, almost always a spasm of the ham-string muscles, and frequently a spasm of the quadriceps. As we find ourselves becoming more adept at determining the presence or absence of muscle spasm, we find such determinations of greater help in differential diagnosis.

TREATMENT

The Sister Kenny technique of physiotherapy has caused considerable comment, both in the profession and among the laity. There is no doubt but that hot packs reduce muscle spasm, and that the patient while under them is much more comfortable. There is also very little doubt but that relief of muscle spasm tends to prevent the occurrence of deformities. Regardless of treatment, however, about 90 per cent of the paralysis that is present at the height of the disease eventually recovers completely. How much of the 10 per cent of the paralysis which remains is altered by any technique is extremely difficult to determine, and it will be some time before we can definitely say to what extent muscle strength is altered by this form of therapy. We should remember that for twenty-five years proponents of early activity and prolonged immobilization have been equally vociferous over the results of their opposite forms of treatments.

Attempts are being made in Minnesota at the present time to explain, on a physiologic basis, Sister Kenny's so-called mental alienation. While these studies have not yet been completed, there is apparently accumulating evidence to indicate that a certain amount of the incoördination, and even paralysis, of poliomyelitis is due to damage of the internuncial cells. It has been shown in animals that damage to these cells, which lie between the afferent and efferent or sensory and motor elements of the reflex arcs, may cause incoördination and even muscle paresis, similar to that seen in poliomyelitis. By substituting new sensory pathways which have a complete connection with the available anterior horn cells through intact internuncial cells, it is at times apparently possible to increase effective muscle strength. This effect is somewhat analogous to that of the paretic who has a positive Rhomberg as a result of loss of tendon sensories, yet can stand nicely with eyes closed if he merely lightly touches an object. He is consciously substituting sensory impulses from his fingers for the missing tendon sensories.

The most important contribution that Sister Kenny has made to the understanding of poliomyelitis consists of stimulating new fields of study. The focusing of attention on muscle spasm has stimulated a review of the basic physiologic pathology of the disease. Already new drugs are being tried in an attempt to reduce spasm medically. Already, as previously stated, evidence is accumulating that indicates more than just the anterior horn cells are involved. It will be very disappointing if these studies do not result in even further advances in our understanding of this difficult disease.

While still in the experimental stage, the nerve-crushing technique of Billig and Von Harreveld [7] offers interesting possibilities of increasing muscle strength in the old paralytic. Realizing that central nervous system tissue does not regenerate, but that peripheral nerves do regenerate, it was wondered if it might not be possible, by crushing nerves, to induce nerve fibrils, with intact anterior horn cells to grow down and reinervate by increased arborization in branching the muscle cells which had

permanently lost their central nervous system connection.

By destroying part of the central nervous system connection of the main nerve to the leg in rabbits symmetrically (through evulsing the same roots on both sides of the cord) and then crushing the main nerve on one side after paralysis, Doctor Billig was able to obtain considerable improvement in muscle strength on the crushed side. With further work on humans, it was discovered that the more peripherally the nerve was crushed the less sensory nerves were destroyed. Furthermore, it was found that the closer the axon was interrupted to the muscle fiber, the more effective were the connections that resulted from arborization. At the present time, Doctor Billig is interrupting the nerve fibrils within the muscle itself by mechanically evulsing the muscle fibers. Patients who have undergone this form of treatment seem very pleased with the results. Some have even kept graphic records of their muscle strength, as determined by spring balances. Certainly, this work offers the greatest possibilities for increased muscle strength in the old case of poliomyelitis; especially when one considers that this procedure may be repeated many times, and usually with some increase in muscle strength each time.

CONCLUSIONS

1. Quarantine of poliomyelitis is of very little value except to prevent panic and to satisfy public demand.

2. Sanitation has had no demonstrable effect on the distribution of poliomyelitis.

3. When infection with the virus of poliomyelitis occurs, previous tonsillectomy predisposes to the bulbar form of this disease.

4. A search for muscle spasm is a definite help in the diagnosis of poliomyelitis.

5. Hot packs during the spasm stage and subsequent muscle reëducation offer the most for the acute cases. Nerve crushing offers interesting possibilities for increasing muscle strength in the old case.

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REFERENCES

1. Aycock, W. L.: Personal communication, 1942.

2. Aycock, W. L., and Kramer, S. P.: Immunity to Poliomyelitis in Normal Individuals in Urban and Rural Communities as Indicated by the Neutralization Test, Jour. Prevent. Med., Vol. 4, No. 3, p. 189 (May), 1930.

3. Maxcy, Kenneth F.: Hypothetical Relationship of Water Supplies to Poliomyelitis, Amer. Jour. of Pub. Health, 33:41 (Jan.), 1943.

4. Francis, T., Jr., Krill, C. E., Toomey, J. A., and Mack, W. N.: Poliomyelitis follow-up tonsillectomy in five members of a family; epidemiologic study, J. A. M. A., 119: 1392-1396 (Aug. 22), 1942.

5. Aycock, W. L., and Luther, E. H.: Occurrence of Poliomyelitis Following Tonsillectomy, New Eng. Jour. of Med., 200:164, 1929.

6. Aycock, W. L.: Tonsillectomy and Poliomyelitis: Epidemiologic Considerations, Medicine, 21:65-94 (Feb.), 1942.

7. Billig, H. E., Jr., and Von Harreveld, A.: A New Aspect of Muscle Reinnervation, Naval Med. Bull., Vol. 41, No. 2 (March), 1942.

OBSTRUCTIVE SUBMUCOUS LIPOMA OF THE CECUM*

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LIPOMAS are adipose tumors which may occur anywhere within the body. A congenital tissue predisposition in the form of disturbance of development of fat tissue is thought to be a causative factor in some of these neoplasms.[1] It has been demonstrated that the fat lobules are endowed with an independence in development which classifies them as a kind of primitive origin.[2] The blood supply of the lobules in these tumors is comparatively isolated, which suggests that the anomaly predisposing to lipoma is connected with the distribution of blood vessels in the fatty tissues. While the large majority of lipomas are benign, Hogue[3] recently pointed out that there are indications that many more are malignant than would seem by the records.

Lipomas appearing in the gastro-intestinal tract are pathologically either subserous or submucous. In the subserous coat they project outward into the peritoneal cavity, and in the submucous coat they grow inward. The submucous type occurs chiefly in the large bowel, less often in the small bowel, and rarely in the stomach. In the order named, they most frequently involve the cecum, ascending colon, sigmoid flexure, transverse colon, rectum, and descending colon. The subserous form is believed to arise from the appendiceal epiploica, and is less likely to be symptomatic than the submucous type which arises from the fat cell deposits between the mucosa and muscularis coats of the intestine.

These adipose tumors are either sessile or pedunculated. Grossly, they may be spherical, pyriform, ovoid, or lobulated. They are sharply circumscribed if not encapsulated. Although they are of rare occurrence, lipomas are the commonest benign tumors in the gastro-intestinal tract, excluding adenomatous polyps. Comfort[4] suggests that, with more careful examination than is usually accorded the small and large bowel at necropsy, the reported incidence would probably increase. A positive diagnosis is rarely made before surgical exploration.

REPORT OF CASE

H. J., a white female, aged 36, was admitted to the hospital because of severe cramping pains of four days' duration. The pain originated at the site of an old gall-bladder incision and radiated across the upper abdominal quadrants. Seven days prior to admission, the first attack occurred with several loose watery stools; a hot-water bottle applied to the upper abdomen gave relief. Three days later a second attack occurred and heat afforded moderate relief. Two days later there was a severe exacerbation, and the distress continued unabated despite hot applications and soda enemata. Nausea, vomiting, bloody stools, or abdominal distention were never present.

Except for typhoid fever at the age of 12 years, and cholecystectomy and appendectomy in 1929, the past history was noncontributory.

Physical examination disclosed no significant pathology except in the abdomen, where moderate tenderness was

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Figs. 1 and 2.—Gross appearance.

present in both upper quadrants, and in the epigastrium; but there was no rigidity, distention, or palpable masses. The liver, kidneys, and spleen were not palpable. Blood pressure was 120/80; temperature, 97.4 degrees Fahrenheit; pulse, 80; and respirations 16.

Blood count showed: hemoglobin, 76; red blood cells, 4,450,000; color index, 85; white blood cells, 7,800; neutrophiles, 65 per cent; eosinophiles, 2.5 per cent; basophiles, 1; lymphocytes, 25.5 per cent; monocytes, 6. The urine was cloudy and yellow with a specific gravity of 1.001; neutral reaction; slightly sugar-positive; no albumin or acetone; a few leukocytes; no red blood cells or casts. The blood Wassermann was negative. Nonprotein nitrogen was 22 milligram per cent; serum albumin, 4.1 milligram per cent; serum globulin, 2.6 milligram per cent.

Roentgenographical studies of the intestinal tract six hours after a barium meal showed the stomach to be of medium size, hypertonic type, vertical axis, lowest point of greater curvature one inch above the anterosuperior interspinous line. Pylorus and bulb were to the right of the midline at the level of the third lumbar vertebra. The stomach was freely movable. There was an irregular filling defect in the region of the cecum. Peristalsis was normal, evacuation irregular. Some gastric and duodenal residue was present at the end of six hours. A motor meal expelled showed an irregular colonic hypermotility with spasticity and the head of the meal in the descending colon. The twenty-four-hour film showed the major portion of the colon practically empty.

Barium enema disclosed a filling defect in the cecum measuring two inches in diameter and spherical in outline, probably due to a new growth. There was beginning partial obstruction at the ileocecal junction, with moderate dilatation of the terminal loop of the ileum. Diagnosis: New growth in the cecum.

The initial attack occurred on October 8, 1940. The patient was hospitalized one week later, on October 15, 1940, two days after the severe exacerbation. Operation was performed on October 30, 1940. The gross characteristics (Figs. 1 and 2) of the tumor were not visible through the cecal wall. The mass was attached by a rather wide base to the extreme tip of the cecum and was dimpled over a wide area on the serosal side. The serosal surface of the cecum was bluish and congested, and the tumor was covered with stretched mucosal tissue which contained several small but distinct shallow ulcers. A regional lymphadenitis proved to be simple hyperplasia on microscopic section. The picture was suggestive of carcinoma.

Through a midright rectus incision the lateral peritoneum was incised along the cecum and ascending colon, also the peritoneum on the medial side of the colon. The mesentery was stripped medialward. Care was taken not to disturb the duodenum or the ureter. The ileum was divided about six inches from the ileocecal valve with the cautery. The transverse colon was divided with the cautery at about three inches from the hepatic flexure. The mesenteric vessels were ligated close to the root so as to get all of the enlarged glands possible. The specimen, a tumor about the size of a lemon in the wall of the cecum, was removed. A Murphy button was inserted in the loop of the ileum and fixed with a running stitch. The mate to this portion of the button was inserted into the transverse colon and the end closed with a ligature of linen, and the stump inverted with a purse string of gastro-intestinal material, reinforced with several Lembert sutures. Tag of omentum was placed over this and sutured. The button in the transverse colon was exposed along one of the tinea and incision made at this point, allowing the coupling portion to protrude. Two portions of the button were then clamped and a circular seromuscular stitch was placed uniting the ileum and the transverse colon. An enterostomy was performed about 10



Fig. 3.—Low-power view (X30) showing normal mucous membrane separated by thin fibrous capsule from adult fat comprising submucous lipoma.

inches proximal to the anastomosis, using a No. 16 French catheter, double purse string, bringing it out through a second stab incision. Posterior peritoneum was approximated with continuous No. 2 iodized; the abdomen was closed in layers, using No. 0 tanned double to the peritoneum; No. 2 tanned double to the fascia; continuous horsehair and figure-of-eight silkworm gut retention sutures. A small Penrose drain was inserted into the fat at each angle.

The postoperative course was uneventful and the patient made a satisfactory recovery.

DISCUSSION

Symptoms generally fall into two groups: (1) Chronic, where there are minor attacks of partial intestinal obstruction over a period of years. In these cases the pain is usually colicky in character and not severe. Constipation, diarrhea, abdominal distention, nausea, and vomiting may occur, but a bowel movement usually affords relief. Sometimes the attack terminates in a bloody, diarrheic stool. The patient may go for many months entirely free from distress. There is no periodicity to these attacks. (2) Acute, with severe abdominal pain, protracted vomiting, abdominal distention, bloody diarrheic stools, or constipation. On the other hand, the only symptoms may be abdominal pain, as in the case presented here.

Joyce[5] points out that unexplained gastrointestinal bleeding, intermittent obstruction, or a history not typical of any other common abdominal lesion, should suggest a diagnosis of a small intestinal tumor.

When the symptoms are the chronic type, carcinoma is usually suspected. It is noteworthy that, with lipomas, there is rarely the progressive failure of general health; between bouts the patient is in good health. Weight loss is not often present to a significant degree, and the average duration of symptoms in lipoma is much longer than carcinoma. It is true that in a few cases there may be marked and rapid weight loss, and anemia is present. The weight loss is often due to fear of eating lest an attack be precipitated and, as in carcinoma of the cecum, the exact reason for anemia in lipomas is not known. The fact that lipomas frequently make their appearance in the so-called "cancer age" increases the difficulties of differential diagnosis.

A preoperative diagnosis of appendicitis is often made in acute cases, especially when the lipoma involves the cecum and ascending colon. In appendicitis the pain is usually constant and aching in character; the distress becomes localized and the patient tends to lie quietly in bed. In acute obstruction due to lipoma, the pain is colicky, the patient restless. Hyperperistalsis may be detected by sight or by auscultation; a mass may be palpated; and abdominal distention, when present, is usually more marked than in appendicitis.

Since adipose tissue is the most radiable of all tissues, a double contrast technique may occasionally afford a diagnosis by roentgen ray. Roentgenographic examination of lipomas in the large intestine presents a picture similar to other sessile and pedunculated tumors; that is, filling defects, visualization of a polypoid mass and, often, intussusception. When the tumor is in the small bowel, the roentgenogram is of little value in diagnosis.

The blood picture is usually within the limits of normal. There may be an occasional leukocytosis, especially if the patient has had any degree of obstruction and temperature elevation. When there has been gastro-intestinal hemorrhage, a secondary anemia is sometimes present. However, none of these findings is of diagnostic value.

Lipomas are divided into lobules by septa of the supporting stroma; they are plentifully supplied with arterioles and numerous capillaries and appropriate vascular stroma. Microscopically, the fat cells are of the adult type (Fig. 3). In some cases the intestinal wall is so thinned externally that the yellowish, fatty tumor may be seen grossly. A diagnosis of lipoma is then apparent and may radically alter the surgical procedure. Generally speaking, the tumors in the small intestine are smaller than in the large intestine, ranging from 1.5 to 4 centimeters in diameter in the small bowel, and from 5 to 10 centimeters in diameter in the large intestine. Occasionally, regional lymphatics will be enlarged. This presents a simple hyperplasia and occurs in some cases where there are small ulcers in the intestinal mucosa, the result of pressure of the tumor growth.

If the tumor is recognized at surgery, Joyce advocates a simple enterostomy and resection of the benign lesion without opening the intestinal mucosa, thereby preventing possible contamination of the peritoneal cavity. This procedure is possible only in cases where the risk is exceptionally good. If obstruction is complete and other factors make the

patient a poor risk, then some type of two-stage procedure is advisable. The Mikulicz operation, or some of its minor modifications are advised for lipomas of the transverse, descending, or sigmoid colon. The surgical procedure as outlined in the case report given in this paper is a more or less typical operation for lipomas when the risk is good.

The mortality is directly proportional to the condition of the patient at the time of surgery. When the operation is performed before the patient's condition becomes grave, a very good prognosis and uneventful convalescence may be expected. If the patient is a poor operative risk, then the reverse is true.

SUMMARY

Unexplained gastro-intestinal bleeding, intermittent obstruction, or a history not typical of any other common abdominal lesion, should suggest a diagnosis of small intestinal tumor.

A positive diagnosis of lipoma in the gastro-intestinal tract is rarely made before surgical exploration.

Simple enterostomy and resection of the benign lesion without opening the intestinal mucosa is possible only in cases where the lipoma is recognized at surgery and the risk is exceptionally good.

If obstruction is complete and other factors make the patient a poor risk, a two-stage procedure is advisable. The Mikulicz operation or some of its minor modifications are advocated for lipomas of the transverse, descending or sigmoid colon.

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REFERENCES

1. Ewing, James: "Neoplastic Diseases." W. B. Saunders Company. Fourth edition. Pp. 190-203. 1940.

2. Killiker, Toldt: Anat. Anzeig, 1888.

3. Hogue, Philip N.: West. Jour. Surg, 50:332-338 (July), 1942.

4. Comfort, Mandred W.: Surg., Gynec. & Obst., 52:101-118 (Jan.), 1931.

5. Joyce, T. M.: Ann. Surg, 100:949-959 (Nov.), 1934.

Ashhurst's Splint.—John Ashhurst, Jr., was regarded as the most learned surgeon of his day by distinguished contemporaries. For his contributions to the surgery of bones and joints he has been justly ranked with Billroth and Volkmann, Gurlt and Legouest. Among his written works are a classic article on shock, cerebral concussion and hemorrhage, and one on spinal surgery. The American edition of Erichsen's "Surgery," and the "International Encyclopedic Surgery" were edited by him. He wrote a textbook of his own on surgery that was widely quoted.—Warner's *Calendar of Medical History.*

Baker's Cyst.—Unlike such eponyms as the Argyll-Robertson pupil, which are universally recognized and constantly applied in medical diagnosis, there is another type of eponym to which reference is made but rarely. Possibly, in these instances, as in the case of Baker's cyst, it is the misquoting or loss of the original papers that account for the unfamiliarity of many physicians with the eponym. As for Baker, his name should be reserved for synovial cysts of the leg since his was the original presentation on this condition.—Warner's *Calendar of Medical History.*

CLINICAL NOTES AND CASE REPORTS

GANGLION

REPORT OF CASE

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TREATMENT of ganglion of the wrist is considered so minor that our surgical textbooks usually discuss it in a short paragraph, and in the discussion of treatments one is advised either to break the cyst with a book or to excise it. As a matter of fact, there is an unsatisfactory percentage of recurrences after surgery, and that is why the old-fashioned method of breaking the cyst walls with a book is still advised, though that method does not cure many of the cases. Then, too, when surgery is resorted to, there is always a scar on the extensor surface of the wrist.

REPORT OF CASE

With a patient of mine I was particularly interested in the scar as well as the result, inasmuch as the patient was my daughter. I decided to aspirate and inject a small amount of sclerosing solution, using a 15-gauge needle. I aspirated the thick, jelly-like contents, and injected 10 minims of Searles' Sylnasol. This was withdrawn and re-injected several times, and 5 minims allowed to remain in the sac. A firm bandage was applied.

There was no reaction the first night, but on the second night there was considerable pain, and a splint was applied and salicylates given. This pain disappeared in twenty-four hours. In about a week the cyst recurred, being about one-half its original size. I again aspirated with a 15-gauge needle and obtained only clotted blood. The cyst has since completely disappeared, with no sign for over three months of a recurrence.

I spoke to Dr. Hollis Carey of Gridley about the case and he immediately tried the same technique on one of his patients, and with the same result. The painful reaction occurred on the second day, but disappeared in a few days, with the resultant cure of the cyst.

Medico-Dental Building.

MEDICAL EPONYM

Weil's Disease

This was first described by A. Weil (1848-1916), of Heidelberg, in an article entitled "Ueber eine eigenthümliche, mit Milztumor, Icterus und Nephritis einhergenhende, acute Infectionskrankheit [A Peculiar Acute Infectious Disease accompanied by Enlargement of the Spleen, Jaundice and Nephritis]" in *Deutsches Archiv für klinische Medicin* (39:209-232, 1886). A portion of the translation follows:

"In all four cases we were dealing with an acute febrile disease that was accompanied by severe nervous phenomena with enlargement of the spleen and liver, icterus and nephritic symptoms, but which, after a relatively short duration of the severe symptoms, followed a rapidly favorable course."—R. W. B., in *New England Journal of Medicine.*

A trained force of mosquito fighters is helping public health officials in finding and eliminating mosquito breeding grounds near Army cantonments.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

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† For complete roster of officers, see advertising pages 2, 4, and 6.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

War Casualties Up to December 10, 1943

Washington, Dec. 10.—Casualties in the nation's armed forces since the beginning of the war total 129,422.

Official figures released today show 97,077 casualties in the Army, and 32,345 in the Navy, Marine Corps, and Coast Guard. These comprised only the casualties whose families have been notified officially and probably do not include all the losses in the Gilbert Islands or the recent fighting in other theaters.

The breakdown of the totals:

Killed—Army, 14,919; Navy, 10,711; Marine Corps, 2,241; Coast Guard, 316; total, 28,187.

Wounded—Army, 34,164; Navy, 3,012; Marine Corps, 2,720; Coast Guard, 78; total, 39,974.

Missing—Army, 23,814; Navy, 8,337; Marine Corps, 638; Coast Guard, 44; total, 32,833.

Prisoners—Army, 24,180; Navy, 2,293; Marine Corps, 1,954; Coast Guard, 1; total, 28,428.—San Francisco *Chronicle,* December 11.

United States Public Health Service Doctors in Doctor-Shortage Areas

Despite the dangerous shortage of doctors and dentists, the House Appropriations Committee slashed a $1,000,000 request by the United States Public Health Service from the Supplemental Defense Bill.

However, what most observers missed was the fact that this same committee less than six months ago disapproved a $175,000 request for medical relief on the ground that the request should have been bigger!

The $1,000,000 fund was to enable the relocation of six hundred doctors and dentists in areas where they are desperately needed, and was vetoed despite warnings by War Manpower's Dr. Frank H. Lahey, the American Medical Association, the American Dental Association, and the War and Navy Departments that in some areas there was only one physician to every 3,000 civilians.

But the Committee reduced the $1,000,000 just the same.

In contrast, here is how the same committee ruled last May on a $175,000 request for relocating seventy physicians:

"The Committee is well aware that the shortage of physicians in many sections of the country is acute, but considers that any program which would provide for the services of only seventy physicians is so ineffective as to be unjustifiable.

"The Committee is willing to give consideration to any type of program which the Public Health Service may suggest to meet the need in a more adequate manner."—Oroville *Mercury-Register,* November 16.

Two Base Area Hospitals in Riverside County Finished

The Army's Banning General Hospital, consisting of eighty-four buildings, has been completed and is admitting

patients, according to announcement by Colonel Edmunds, commanding officer, communications zone.

The 297th General Hospital unit is operating this installation. All types of patients will be received. The hospital has thirty-four wards for patients, with a total capacity of one thousand beds.

The Cherry Valley Hospital at Beaumont is also completed. The capacity is the same as the Banning installation.—Riverside *Enterprise*, November 6.

Affiliated Base Hospital Units and Surgical Teams

The Office of Civilian Defense has announced that forty out of the planned fifty "Affiliated Base Hospital Units and Surgical Teams," sponsored by hospitals and medical schools in California, Nevada, Arizona, Washington, Oregon, Utah, Idaho, and Montana, have been completed. These "Units" are formed by civilian physicians and dentists and will be available to either OCD or the Army in the event of the necessity of emergency medical needs in their respective areas.

Each "Unit" is composed of fifteen members or less, according to the availability of physicians, surgeons, and specialists in various localities. They will be called upon by the War Department only in the case of extraordinary military necessity, requiring hospital and medical care beyond the immediate facilities of the Army in any particular locality.

The Office of Civilian Defense will use these Units and Surgical Teams to supplement the staffs of "Emergency Base Hospitals" located in relatively safe zones near critical areas should it become necessary to evacuate civilian patients from these critical areas.

Physicians accepted for service in the Units receive commissions in the Reserve of the United States Public Health Service, but will not be called to active duty by the Surgeon-General (U. S. P. H. S.) except at the request of OCD, through the respective State Chiefs of Emergency Medical Service. When a unit is needed, the physicians of the Unit will be placed on active duty only for the duration of a particular emergency in order to prevent further depletion of the civilian doctors.

The Affiliated Units in the Western area are divided as follows: California—Los Angeles, 8; Pasadena, 1; San Diego, 1; San Bernardino, 1; Ventura, 1; Santa Barbara, 1; San Francisco, 5; Oakland, 2; Santa Rosa, 1; San Jose, 1; Salinas, 1; Stockton, 1; Fresno, 1; Bakersfield, 1. Region—Portland, 4; Salem, 1; Eugene, 1. Washington—Seattle, 3; Spokane, 3; Tacoma, 2; Bellingham, 1; Everett, 1; Wenatchee, two teams, Yakima, one team. Idaho—Boise, 1. Montana—Great Falls, 1. Utah—Ogden, 1. Nevada—Reno, 1. Arizona—Phoenix, 1.

Units in process of organization are: California—San Francisco, 2; Long Beach, 2. Utah—Salt Lake City, 1.

Medical Jobs Under Control of War Manpower Commission

Washington, Jan. 10 (AP).—The War Manpower Commission announced today that physicians, dentists, veterinarians, sanitary engineers, and nurses who are salaried employees in essential activities may not change their jobs hereafter without permission of the United States Employment Service.—San Francisco *Examiner*, January 11.

Medical Journals—For Colleagues in Military Service

In former issues, editorial comment was made on a plan to forward medical journals to the Hospital Stations of Army, Navy, and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Postgraduate Activities—in coöperation with the medical libraries of the University of California, Stanford, and the Los Angeles County Medical Association.

The addresses of the three libraries follow:

University of California Medical Library, The Medical Center, Third and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals via "Railway Express Agency," collect, to: California Medical Association Postgraduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California. Railway Express Agency addresses: In San Francisco, at 635 Folsom (EX 3100); in Los Angeles, at 357 Aliso (MU 0261). The "Railway Express Agency" will call for packages and will collect costs from the California Medical Association. The Postgraduate Committee will forward to camps.

Concerning Medical Experiences in North Africa

In California and Western Medicine for December, on page 349, appeared an Associated Press item released by the Washington military authorities, concerning an operation by Major Paul C. Samson of Oakland. About the same time, the letter which follows was received by the Editor:

(COPY)

From Major Paul C. Samson 0-289380
2nd Auxsurg Group
APO 534, New York City
North Africa, November 15, 1943.

Dear Doctor Kress:

It hardly seems possible that I now have been drawing foreign service pay for nearly nine months. The blow fell very shortly after I wrote you last February. Since then I have covered a good many hundred miles of ocean and of African countryside. I have seen a few San Franciscans, but from reports from friends in Oakland particularly, it seems that most of the Bay region doctors, both Army and Navy, are somewhere in the South Pacific. When I first landed on these shores at Casa Blanca, who should I see right off the bat but Frank Gerbode, Bob Escamilla, Roy Cohen, and Carl Matthewson. Haven't seen them for quite some time now, but I see patients that they have seen early after injury.

Since July, I have been in charge of a Chest Center within several days of the front where early definitive major chest surgery can be done. I can tell you that it has been a most interesting and instructive experience and the sort of opportunity that does not come along very often. We handled a large number of chest casualties during the Sicilian campaign and have been seeing even more from the present unpleasantness in Italy. We are still on the mainland, but only a few hours by air from the active theater. Surprisingly enough the air evacuation has been a big help for badly wounded chest cases. They have suffered no ill effects and complain only of the ambulance ride after they reach Africa. Of course, there is no high flying on the part of the transports, which explains the lack of difficulties. Now that I have a more or less permanent APO, I wish that you would send me on my Cal. and Western Journal. Use the address above. It will continue to form a pleasant link with the group back home, and I would appreciate hearing from any of my friends who are still holding the Home Front.

With best regards,

Sincerely,
(Signed) Paul C. Samson.

V . . . Mail

Office of Civilian Defense Announces Increase in Hospital Pay Rate for EMS Patients in Disaster

Hospitals caring for civilian patients who have been injured by enemy action will now receive payment at a rate of $4.25 a day through the United States Public Health Service, according to Circular, General Series No. 12, issued on November 10 by the Office of Civilian Defense.

The Circular announces an agreement between the Federal Security Agency and the Office of Civilian Defense, amending the original "Agreement Regarding Temporary Hospitalization and Medical Care Necessitated by Enemy Action to Civilians," under which the rate paid to hospitals was $3.75. The change follows the recent action of the Federal Board of Hospitalization in raising the per diem rate in all Government hospitals from $3.75 to $4.25. The new rate applies to both Casualty Receiving Hospitals and Emergency Base Hospitals.

Office of Civilian Defense Suggests Organization Plan for Emergency Welfare Service

A pattern for the organization of an Emergency Welfare Service as one of the protective services of the United States Defense Corps has been presented by the Office of Civilian Defense in a new bulletin, "Organizing Emergency Welfare Service in Your Community." Physicians and other members of the Emergency Medical Service and health officers will be interested in the phases of the welfare program which are related to emergency medical and health activities.

The Emergency Welfare Service is to be developed in each Civilian Defense Region under the direction of a member of the Regional staff, designated by the Regional Director. It is recommended that a State Chief of Welfare Service, preferably the State Commissioner of Public Welfare or someone selected by him, be appointed as a member of the State Defense Council. Similarly, a local chief should be appointed and should be a person of broad experience in the welfare field.

Army Hospital Train Ready for Service After Training Use

Forerunner of others to come, a ten-car hospital train for the United States Army Medical Corps has just been completed and is now in use for training purposes in Southern California before going to a combat area overseas.

The ten-car, all-steel train was built at a cost of $135,000 by the Pullman Standard Company.

Staffed by five medical officers, seven nurses, and thirty-three enlisted men, the train is the last word in modern equipment and design for the transport of casualties. Narrower and shorter than standard-sized American railroad cars, the cars of the hospital train were especially constructed to roll on the sharp curves and steep inclines of foreign tracks. Four cars are for personnel.

Six of the cars are ward cars, each providing berths for sixteen bed patients, or more "sit-up" patients, with the double-decker berths folded down. In the center of each ward car is an emergency operating area, a cleared space free of berths. Stretchers may be carried into the train through double-size doors in the center of the car, placed on portable standards, and used as an operating table without transfer of the casualty.

Office of Civilian Defense and American Hospital Association Launch Plan to Recruit Men for Volunteer Hospital Service

To assist in relieving the nation-wide shortage of man power in hospitals, the United States Office of Civilian Defense and the American Hospital Association are jointly sponsoring a plan to recruit men volunteers to perform many of the less skilled tasks. In a joint statement the two agencies point out that business men, laborers, and white-collar workers are already assisting in the care of patients and property, as well as in maintenance work and operation, in hospitals in several communities.

A special announcement recently sent to defense councils pointed out that each hospital will wish to work out the details of training to conform to its own organization and procedures.

A Technical Manual for the Rescue Service

The Office of Civilian Defense has brought out Publication 2216 with title, "A Technical Manual for the Rescue Service."

It has been prepared by the Rescue Section, Medical Division, of the Office of Civilian Defense. Copies may be obtained at 20 cents each through the Superintendent of Documents, U. S. Government Printing Office, Washington, 25, D. C.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

WESTERN STATE SOCIETIES ORGANIZE*

Resolutions of Six Western State Medical Associations—Re: Establishment of an "Information Bureau" in Washington, D. C.

I. Explanatory Letter to State Medical Associations

(copy)

California Medical Association

December 17, 1943.

To the Secretaries of the State Medical Associations:

Dear Doctors:

Stung by the apparent inability or unwillingness of national organizations to establish Washington offices for the handling of medical information, representatives of six western state medical associations voted on December 11 to set up their own information bureau in the national capitol.

Enclosed is a copy of the resolution adopted by representatives of Arizona, California, Colorado, Idaho, Oregon, and Utah medical associations at a Salt Lake City meeting to which the eleven western state societies were invited. Transportation difficulties prevented representatives of several other states from attending this meeting, but these states have expressed their interest in the objectives of such a "listening post."

This resolution was unanimously voted by the nineteen participants in the meeting after a two-hour report had been given by Mr. Ben H. Read, Executive Secretary of the Public Health League of California. Mr. Read has just returned from a thirty-day stay in Washington, where he was sent by the California Medical Association for the purpose of obtaining information on the status of the medical profession in official government circles. His report outlined in reportorial fashion his findings from interviews with Congressmen, physicians in Congress, government officials, and representatives of hospital, drug, dental, and other interests allied to medicine.

The resolution adopted at the December 11 meeting contemplates the expenditure of a minimum of $25,000 to $30,000 annually for maintenance of a Washington information bureau. The western state medical associations propose to raise this sum by a per capita membership payment. Those attending the meeting have taken the resolution back to their respective state associations for approval and appropriation of funds. It is expected that final

* For editorial comment, see page 3.

approval may be given by all these associations before the end of January, 1944.

The attention of your Association is invited to the proposal outlined in this resolution. We ask that the resolution and the accompanying facts outlined above be presented to your Council or Board of Trustees for consideration, particularly of the second paragraph of the resolution. For further information, please feel free to call upon Dwight H. Murray, M. D., chairman of the new group, or the undersigned, secretary. Either may be reached through the office of the California Medical Association, 450 Sutter Street, San Francisco (8), California.

Cordially yours,

(Signed) JOHN HUNTON,
Executive Secretary.



Left to right: Dwight H. Murray, Napa, California, Chairman of Western States Public Health League; Parley Nelson, Rexburg, Idaho, President of Idaho State Medical Association; James P. Kerby, Salt Lake City, Utah, Vice-Chairman of Western States Public Health League. (Photo courtesy, Salt Lake *Tribune.*)

* * *

II. RESOLUTION ADOPTED BY REPRESENTATIVES OF SIX WESTERN STATE MEDICAL ASSOCIATIONS

(COPY)

Resolution Adopted By Delegates of Western State Medical Associations

Adopted on December 11, 1943, at Salt Lake City, Utah.

RESOLVED, That it is the sense of the representatives of the western states medical associations that an organization be created to maintain a service bureau in Washington, D. C., for the purpose of informing governmental agencies and representatives with regard to public health matters affecting the western states and to inform the medical profession of all Federal Government activities affecting the profession; and be it further

RESOLVED, That other state medical associations be invited to join with the western states in a nation-wide program of this character; and be it further

RESOLVED, That, temporarily, the organization be called the "Western States Public Health League" and be composed of the eleven western state medical associations until a permanent constitution and by-laws are adopted.

III. REPORT ON WASHINGTON SITUATION: BY THE SECRETARY OF THE "PUBLIC HEALTH LEAGUE OF CALIFORNIA"

The situation in Washington was approached from the standpoint of a newspaper reporter seeking facts. Following are some condensed highlights:

* * *

The medical profession should *immediately* establish an Information Bureau in Washington, D. C., to:

1. Keep Congressmen and Government officials informed on medical legislation and problems.

2. Keep the members of the medical profession throughout the United States informed on developments in Washington.

Allied groups in the healing arts now have business offices in the nation's capitol, *i. e.,* the dentists, the hospitals, and the druggists. Each of these handles a large volume of affairs directly concerning their members.

Cultists are very active in propagandizing through their local members in Washington.

* * *

A survey was conducted among members of Congress; representatives of professional organizations (other than medicine); Chambers of Commerce and lay persons in Government service. This was supplemented by checking Congressional records, Government publications, newspapers, etc., seeking answers to the following questions:

1. What is the feeling of Congress and official Washington toward the medical profession?

2. What are other groups in the health field doing in the capitol in the way of informational or educational work?

3. Should the medical profession have a permanent, publicly known representation in Washington through an information bureau or similar set-up?

The general feeling toward the medical profession is good. But possibly through lack of understanding of its method of organization and operation, there is a feeling of antagonism against the American Medical Association in many quarters. There were some very outspoken and pointed remarks against spokesmen for the American Medical Association.

The Wagner-Murray Bill (S. 1161) has evoked a great flood of letters, petitions, editorials, etc., which have focused attention on the general problem of the distribution of medical care. Congressmen interviewed were unanimous in urging that the medical profession take the lead in meeting this problem. "If you don't do it the politicians will do it for you" was a general warning.

* * *

Excerpts From an Interview With a Congressman Who Is a Friend of Medicine.—"The doctors themselves must offer a plan for prepaid medical service. They can no longer oppose the idea. The American Medical Association should formulate a national plan and week after week hammer that home to its members through its Journal and other publications. The public and public officials should be kept continually advised of this voluntary effort on the part of the medical men. If the American Medical Association takes the lead, the individual doctors will follow. If they don't do this the politicians will do it for them.

"I wish I could get the hard-heads of the American Medical Association in a room and lock the doors and try to beat into them the seriousness of the situation. By all means maintain an information bureau here in Washington. But act quickly. The postwar period will bring increased demand for a better spread of medical care and there will be a myriad of problems here in Washington vitally concerning the doctors."

With one possible exception, every Congressman interviewed expressed the same general opinion.

A Physician Member of Congress Said, "The feeling towards the medical profession as such is good. I have heard expressions of antagonism towards the 'medical trust,' but the doctor is held in high esteem. There should be someone here in Washington to keep Congress informed as to our views and recommendations.

"Physician members of Congress are elected to represent their districts; they cannot sit in committees and watch all bills for medical implications. If they become 'medical lobbyists' they lose their effectiveness. Someone should be on the job here continually. All other groups, business interests, etc., are represented here.

"When I first came to Congress, I thought there would be someone here who would fill my hands with data on all proposed or pending medical legislation. I soon found out that was not the case. I have had to telephone Chicago or go to Government bureaus to get needed information. Certainly the physician members of Congress should be kept well advised on health legislation. There should be a permanent bureau here. You can't do a job by just coming to Washington for a day or two when some burning issue is pending.

"I am not certain that the American Medical Association, as such, should be the 'front' here. Too much antagonism has been aroused. Possibly a bureau could be established which would unite the best thinking of all of the ethical health professions, as you appear to have done in your Public Health League of California.

"Let us meet the demand for the spread of medical care in a voluntary way where we have a chance to correct our mistakes. In a regimented way there is no chance to correct anything for the good of the profession or the patient. Go after it in a voluntary way and do a better job than the other fellow."

* * *

A Nationally-Known News Analyst and Radio Commentator Said, "Tell your medical friends that they will continue to face threats of state medicine and attacks upon the medical profession until the American Medical Association changes its policies and its spokesmen in Washington. The medical profession must recognize change and progress, not just blindly say 'No' to every suggestion of a change and make enemies by attacking all who differ with it."

* * *

One of our California Congressmen expresses his views as follows:

(COPY)

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

November 29, 1943.

Mr. Ben H. Read, Executive Secretary
Public Health League of California
563 Chamber of Commerce Building
Los Angeles, California

Dear Mr. Read:

At last I am getting around to writing you, as you requested, a brief statement regarding my position on several topics that we discussed while you were here in Washington. Since our conversation hinged primarily around the implications of the Wagner-Dingell Bill, I shall devote most of my space to that.

It seems to me that thus far there has been a maximum of heat and a minimum of light shed on this whole problem of better medical care for the great mass of the American people. It is certainly true that there are segments of our population, especially in the middle-income brackets, and in rural areas, that do not have adequate medical and hospital care even in peace time. The taking of steps to provide such care is an important challenge to the American people, and especially to the medical profession itself. Unfortunately, many well-meaning individuals that have seen this problem have advocated "cures" that do not consider some of the other elements in the situation. To me it is tremendously important to preserve the professional standards and practices in the field of medicine; standards and practices that have been built up over a great many years. Moreover, any comprehensive program for medical improvement should be done *with the active coöperation* of the medical profession: it should not be something that is forcibly imposed upon them by legislative dictation. I am optimistic enough to believe that the great majority of American doctors are fully cognizant of the problem and that they are more than willing, yes anxious, to help solve it. A few short-sighted ones have sometimes given a different impression, unfortunately. In harmony with this belief, I am further of the impression that the leaders in the medical profession throughout the country should now be taking active steps to put forward a positive program of their own, a program that frankly acknowledges the difficulties to be met and as frankly sets forth, step by step, ways and means of meeting these problems that are in harmony with sound medical ethics.

For example, in California a great step forward was taken when there was organized the California Physicians' Service and the corresponding hospital plan. This Service has not worked to perfection, of course, but it has been a pioneering step, and from it further steps may be taken.

Most important, I think, it has started to accomplish the two things so desired, namely, better medical care and greater health security for increasing numbers of people, and active coöperation and leadership on the part of physicians themselves. Based upon the experience in California and certain other states, it would seem to me that thoughtful medical men might present to the Senate, when the Wagner-Dingell bill is in committee, suggestions leading to amendments satisfying most of the present objections.

Another point which I mentioned in connection with this whole matter has been the type of letter written to my office concerning this particular bill. I welcome communications on this and all other subjects, but I hope that such communications will be helpful and temperate, not simply emotional and intemperate. For example, when a doctor in California writes me (and I here quote verbatim), "I am violently opposed to this bill; please vote accordingly," he scarcely is accomplishing his objective! Letters which are violently partisan in nature or which damn Roosevelt or which refer to any change in the *status quo* as "communism" show not only bad judgment, but poor taste. On the other hand, some of the most thoughtful letters I have ever received in Congress have come from physicians and nurses who have objectively and calmly pointed out what they believe to be real dangers in the proposed bill. Such letters are doubly welcome, since they do shed additional light, and not heat, on a matter that is arousing such intense feeling.

Finally, you asked my opinion regarding the advisability of having representatives from the American Medical Association here in Washington available for consultation. I think this would be an excellent idea, always provided that such a service did not degenerate simply into a lobby or a pressure organization; Congressmen become tired of both of the latter, I assure you! I assume, however, that there would be no danger of this materializing in view of the professional standards of medicine.

I wish that I had the time to go into greater detail about these points, and to mention others. Perhaps that, too, can be done later. Meanwhile, I hope that this complex prob-

lem will be approached by all interested parties, with the aim of reconciling the providing of adequate medical care with the need for the preserving of the rights and standards of the members of the medical profession. Personally, I shall work for those ends, believing them to be in harmony.

May I say how very much I enjoyed your visit here; I shall look forward to seeing you again soon, either here or in California.

Cordially yours,

(Signed) George E. Outland.
[Eleventh District, California.]

* * *

IV. Minutes of Meeting of Western States Conference Held in Salt Lake City

Minutes of Meeting of December 11, 1943

The meeting was called to order by Dr. James P. Kerby, President of the Utah State Medical Association, at 10:15 a. m. in the Hotel Utah, Salt Lake City.

Present were:

J. D. Hamer, Chairman, Legislative Committee, Arizona State Medical Association.

Dwight H. Murray, Chairman, Committee on Public Policy and Legislation, California Medical Association.

Mr. John Hunton, Executive Secretary, California Medical Association.

Mr. Howard Hassard, Associate Counsel, California Medical Association.

Mr. Ben H. Read, Executive Secretary, Public Health League of California.

James P. Kerby, President, Utah State Medical Association.

L. A. Stevenson, Committeeman, Public Relations and Legislation Committee, Utah State Medical Association.

George N. Curtis, Chairman, Legislative Committee, Utah State Medical Association.

Edward D. LeCompte, President, Salt Lake Medical Society.

D. G. Edmunds, Secretary, Utah State Medical Association.

J. C. Hubbard, Price, Utah.

Mr. W. H. Tibbals, Executive Secretary, Utah State Medical Association.

W. L. Sutherland, Rexburg, Idaho, member of Executive Committee, National Physicians' Committee.

Parley Nelson, President, Idaho State Medical Association.

James L. Stewart, Boise, Idaho.

E. N. Roberts, Pocatello, Idaho.

F. B. Jeppesen, Secretary, Idaho State Medical Association.

John S. Bouslog, Secretary, Colorado State Medical Association.

Leslie S. Kent, Chairman, Maternal and Child Health Committee, Oregon State Medical Association.

Doctor Kerby introduced Dr. Dwight H. Murray of Napa, California, Chairman of the Committee on Public Policy and Legislation of the California Medical Association. Doctor Murray was named temporary chairman of the meeting.

Doctor Murray gave the background for calling the meeting, namely, that the state medical associations have felt they have had little or no help from the American Medical Association in matters of national legislation, and have had little or no news of what was actually going on in Washington. California is only one state that felt the need of joining with the other ten western states in forming a group which would not only have a wider geographical spread, but would make a combination of states with twenty-two Senators and forty-nine Representatives in Congress. Such a group could have national importance.

Doctor Murray introduced Mr. Ben Read, Executive Secretary of the Public Health League of California, who was loaned to the California Medical Association for the purpose of making a thirty-day stay in Washington for an inquiry into the standing of the medical profession in Congressional and other official Washington circles.

Mr. Read gave his report, the gist of which was that some publicly known medical representation is absolutely necessary in Washington if medicine's interests are to be served. A copy of his report, in digest form, is attached and is hereby made a part of these minutes.

General discussion of the matter followed, with the following points mentioned by various of those present:

(*a*) Officials of the American Medical Association are "red flags" in Washington. There is need of converting our own members on social and political problems.

(*b*) The western states, with small delegations, have little or no power in the American Medical Association House of Delegates.

(*c*) The American Medical Association cannot handle a national legislative program. Would the American Medical Association put its foot down on establishment of Washington offices by a geographical medical group?

(*d*) It is difficult to get physicians together in such a project. Can we count on the local or state societies raising the necessary funds?

(*e*) Physicians have not contributed too well to the National Physicians' Committee, but the percentage of N. P. C. funds from physicians is increasing. However, we cannot wait for a national survey of medical plans. The state societies should take the lead and assume the obligation of obtaining adequate Washington representation.

Discussion was had on the newly formed Council on Medical Care and Public Relations of the American Medical Association. It was generally agreed that this Council had not yet accomplished anything, and that it is now apparently engaged in making a nation-wide survey of prepaid medical care plans. It was also stated that American Medical Association officials are out of touch with Washington and that the American Medical Association merely shoots down all other ideas, without offering any of its own.

The question was asked, Can the National Physicians' Committee do anything to secure Washington representation? Doctor Sutherland explained that the N. P. C. was formed shortly after the American Medical Association court decision as a means of seeing that another such trial would not eventuate. He suggested that the eleven western states tie their efforts in with the N. P. C.

Further discussion of the N. P. C. brought out the fact that this organization is on record as not being interested in politics but primarily in influencing public opinion, that there is grave doubt about the N. P. C. setting up a Washington information bureau. Mr. Read stated that there was no doubt but what the N. P. C. had stirred up considerable public and professional opinion against the Wagner Bill.

It was generally agreed that neither the Council on Medical Care and Public Relations of the American Medical Association nor the National Physicians' Committee was now in a position to establish a Washington information bureau and that, therefore, it was up to the states to do so if such a move was deemed advisable.

Mr. Hunton then offered a resolution, consisting of four points:

1. That a vote be taken by the states represented on the principle of forming an eleven-state organization.

2. That a committee be appointed to frame a resolution expressing the sense of this meeting and outlining a temporary form of organization.

3. That a permanent chairman be elected.

4. That a three-man committee be appointed to draft the framework of a permanent form of organization.

Upon receipt of a second, this motion was adopted. Discussion of the individual points showed that all states represented were in favor of forming an organization for the purpose of securing Washington representation. A temporary committee, consisting of Doctors Roberts and Kent and Mr. Hassard, was appointed.

Doctor Bouslog nominated Doctor Murray for permanent chairman. Upon receipt of a second and no more nominations, Doctor Murray was unanimously elected.

Mr. Tibbals nominated Mr. Hunton for secretary. This was seconded and he was elected.

Doctor Stewart nominated Doctor Kerby for vice-chairman. This was seconded and he was unanimously elected.

The temporary committee reported through Doctor Roberts, Chairman. The resolution of Committee was:

RESOLVED, That it is the sense of the representatives of the western states medical associations that an organization be created to maintain a service bureau at Washington, D. C., for the purpose of informing governmental agencies and representatives with regard to public health matters affecting the western states and to inform the medical profession of all Federal Government activities affecting the profession; and be it further

RESOLVED, That other state medical associations be invited to join with the western states in a nation-wide program of this character; and be it further

RESOLVED, That, temporarily, the organization be called the "Western States Public Health League" and be composed of the eleven western state medical associations until a permanent constitution and by-laws are adopted.

Upon motion by the committee chairman, seconded, this resolution was unanimously adopted.

It was moved by Doctor Nelson, seconded by Doctor Kerby, and adopted, that copies of this resolution should be sent to all state medical associations, to the seven physicians who are members of Congress and to the American Medical Association.

The matter of financing the organization was discussed and it was suggested that the minimum needs would be $25,000 to $30,000 annually, or about $3 per active member for the members of the western states medical associations. It was agreed that each state association should have the matter laid before its council or governing body at the earliest possible date for confirmation.

The maternal and child health bill was then discussed, with Mr. Read explaining how this bill had been tacked as a rider onto an appropriation bill and passed before the medical profession or medical members of Congress knew about it. It was pointed out that the hospital association, with Washington representation, had opposed the hospital provisions of this measure and had secured adequate relief.

It was moved, seconded, and passed that Doctor Murray should go to Chicago to attend a meeting of midwestern states along similar lines to this meeting.

It was agreed that the next meeting should be held in Salt Lake City as soon as possible, preferably as soon as the western states associations complete their next scheduled council meetings for approval of this program.

Adjournment.

(Additional items—Continued from pages 79-88, CALIFORNIA AND WESTERN MEDICINE, for July (Items I to XVIII); September, pages 178-182 (Items XIX to XXIII); October, pages 226-231 (Items XXIV to XXX); November, pages 282-284 (Items XXXI to XXXVII); December, page 342 (Items XXXVII to XXXIX), and page 304. (See opposite.)

Note.—For full discussion of maternity-pediatric program of Children's Bureau, see *J. A. M. A.* for January 15, 1944, on pages 171-178. Discussion by Dr. George H. Kress of California appears therein on page 174.

MATERNITY-PEDIATRIC PLAN OF FEDERAL CHILDREN'S BUREAU*

ITEM XL: MATERNITY-PEDIATRIC

Sacramento County Medical Society Modification of the Federal Emergency Maternity and Infant Care Program

(Form A)

To Be Filled in By Health Officer:

Case No.

Assigned

Date

This is to certify that the California State Department of Public Health will assume responsibility for payment from available Federal Funds for hospitalization and such special services as may be required by the undersigned patient and/or her infant under the Federal Children's Bureau Maternity and Infant Care program with the understanding that all records will be made available to the Department of Public Health.

Patient's Signature

Authorizing Agent

(Form B)

To Be Filled in by Attending Physician:

I hereby agree to furnish maternity, medical and/or surgical care to the above patient and/or her infant, who has been certified by the California State Department of Public Health under the Federal Children's Bureau Maternity and Infant Care program, but I refuse to accept payment from the Federal Government, the patient or her family for professional services authorized under this plan. I also agree to approve justifiable bills for hospitalization and/or special services and authorize the Department of Public Health to examine and make copies of any or all pertinent records.

Date Signed M. D.

Name of Hospital Recommended

(Form C)

To Be Read and Signed By the Patient:

The members of the Sacramento County Medical Society wish to acquaint you with their attitude toward the Federal Children's Bureau Plan for Maternity and Infant Care.

These physicians are heartily in favor of caring for the wives and children of enlisted men, but are strenuously opposed to one particular feature of this plan, namely, the direct payment by the Federal Government of professional fees to the physician. They believe that this method of payment is an entering wedge to the socialization of medicine which will result in political domination and bureaucratic control. In their opinion, this socialization will rapidly lead to the deterioration of the present high standards of medical practice which have been established through individual initiative. They feel that an allotment to the patient for medical expenses would completely eliminate the most objectionable feature of this plan and would maintain the desired patient-physician relationship.

In opposition to this Federal subsidization, the physicians of this county have arranged to provide the wives and children of certain classes of enlisted men with the highest type of medical service which this county affords at no cost to the patient, to her relatives or to the Federal Government and have agreed to donate these professional serv-

* For other references, see footnote in adjacent column.

*ices as a portion of their contribution to the war effort, pending satisfactory changes in the present Federal Plan.**

I have read the above and understand the circumstances under which I am to receive this service.

Patient's Signature

* * *

ITEM XLI: MATERNITY-PEDIATRIC

(COPY)

U. S. DEPARTMENT OF LABOR
CHILDREN'S BUREAU
WASHINGTON
ZONE 25

December 21, 1943.

Dear Doctor Kress:

In accordance with the recommendations of the Children's Bureau Advisory Committee on Maternal and Child-Health Services meeting in Washington, D. C., on October 21, 1943, the following general practitioners have been added to the list of Advisory Committee members: George D. Cannon, M. D., New York, N. Y.; Eleanor Harvey, M. D., Newport News, Virginia; John Z. Preston, M. D., Tryon, North Carolina; S. A. Thompson, M. D., Camden, Arkansas.

For your information I will send to you a revised list of the Advisory Committee members in the near future.

Sincerely yours,

(Signed) MARTHA M. ELIOT, M. D.,
Associate Chief.

WAGNER-MURRAY-DINGELL BILL
(S. 1161; H. R. 2861)
Uncle Sam, M. D.

In the days of the New Deal, hard-pressed United States citizens discovered that their Government would take care of them in health, but not in sickness.

Socialized medicine is the next step in the social dreamer's vision of a well-ordered State. Pressure for some sort of State-organized medical system has not been restricted to dreamers only; it has grown in the favor of the white-collar groups, who find uneven hospital service, clashing medical ethics, and heavy doctor bills an intolerable burden.

Thoroughly on the other side is the well-organized American Medical Association, which has yielded only grudgingly to group medical schemes. Recently the American Medical Association has become alarmed, has appointed committees to devise plans for better medical service to the general public.

Last June, Federalized medicine crystallized in a bill sponsored in the Senate by labor's friend, Senator Robert F. Wagner (D., N. Y.), and Senator James Murray (D., Mont.). A similar bill was introduced in the House by Michigan's John D. Dingell.

The Murray-Wagner-Dingell bill proposes a sort of American Beveridge plan. It would set up in one gigantic Social Security office the care of United States citizens—furnishing unemployment insurance, hospital and medical benefits, old age and disability pensions. All this paternalism would be financed by a 6 per cent social security tax on employers (they now pay 4) and a 6 per cent tax on employees' pay checks (they now pay 1 per cent).

The extension of general social security benefits in the bill were overshadowed by the new provision: That the Government would go into the health insurance business. Under the plan doctors would be free to enter or stay out of the insurance system, and patients would be free to choose their own doctors from among those who entered the system. In other respects, hospitalization and special care, the plan sounds like those currently operated by numerous groups throughout the country.

By last week two new medical associations had been founded with the express purpose of fighting the Wagner-Murray-Dingell bill. Senator Murray angrily charged that the American Medical Association was setting up these dummy organizations, misrepresenting the provisions of the bill. The American Medical Association last week, in an official statement, coldly denied that it was giving financial support to the new organizations (both made up of American Medical Association members), but said that it approved their efforts.

To the average United States citizen the bill presented a dilemma. He would like medical insurance to protect him from financial blows and raise the standard of public health. But he is beginning to grumble about: Federal bureaucracy; higher and higher pay-roll taxes.—This World, San Francisco *Chronicle*, January 9, 1944.

RE: MIGRATORY AGRICULTURAL WORKERS: THEIR HEALTH CARE
Amendment to Public Law 45

(See in November issue of CALIFORNIA AND WESTERN MEDICINE for other comments, on pages 256 and 287, and in December number, on pages 343 and 344.)

(COPY)

The following is a confirming copy of a Western Union telegram, sent to the following:

Senators Hiram W. Johnson, Sheridan Downey, Kenneth McKellar, and Robert R. Reynolds; and to California Congressmen Clarence R. Lea, Clair Engle, J. Leroy Johnson, Thomas Rolph, Richard J. Welch, Albert E. Carter, John H. Tolan, John Z. Anderson, Bertrand W. Gearhart, A. J. Elliott, George E. Outland, H. Jerry Voorhis, Norris Poulson, Thomas F. Ford, John M. Costello, Will Rogers, Jr., Cecil R. King, Ward Johnson, Chet Holifield, Carl Hinshaw, Harry R. Sheppard, John Phillips, and Ed V. Izac.

The hope is expressed that those addressed will be able to give their coöperation.

KARL L. SCHAUPP,
President, California Medical Association.

* * *

(COPY)

San Francisco, California.
January 4, 1944.

Hon. Hiram W. Johnson
Senator from California
Senate Office Building
Washington, D. C.

Dear Senator Johnson: Your S. 1493 aimed to provide adequate medical service to migrant agricultural workers and their families who come to California without governmental aid or through governmental agencies. The California Medical Association is in full accord with the objectives and record of the Agricultural Workers Health and Medical Association. On the last December day of the House, H. J. R. 208 was passed by a voice vote and without discussion. The House Committee on Appropriations sent it to the floor by a vote of 16 to 15 and presented it as a substitute to H. J. R. 205 which would have continued the present excellent set-up under the War Food Administrator with an appropriation of one million eight hundred fourteen thousand dollars, which H. J. R. 208 also cut to one-half. H. J. R. 208 also cut down medical care to workers other than those recruited or transported by the Government and/or residing in Government camps.

We believe the Senate Committee on Appropriations, Senator McKellar chairman, should be urged to amend the legislation as follows:

* Editor's Note.—Italics inserted by the editor of CALIFORNIA AND WESTERN MEDICINE.

1. Continue the operation of the program through a Federal agency. (We do not suggest what that agency shall be.)

2. Restore the appropriation for medical care to $1,-814,000.

3. Provide a liberal interpretation which will make possible providing medical care to interstate and foreign workers who are in need regardless of whether they have been transported by or placed by the Government.

We are sending copies of this telegram to Senators McKellar, Downey, and Reynolds, and to all California Congressmen.

We hope we may have your individual and joint support.
450 Sutter Building.

KARL L. SCHAUPP,
President, California Medical Association.

* * *

In response to the above telegram, Senator Hiram W. Johnson promptly sent the following reply:

(COPY)

WESTERN UNION TELEGRAM

January 6, 1944, 9:51 a. m.
Washington, D. C

Karl L. Schaupp
President, California Medical Association
San Francisco

Response your wire, I immediately took matter up with Senator McKellar suggesting your amendment. Will continue to do everything I can in behalf of this matter.

HIRAM W. JOHNSON.

* * *

What the end-result will be, time will reveal.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Better-Health Talk

To Conquer Disease, Adopt Army, Navy Measures—Wilbur

"If we could apply to our whole people the preventive and curative measures being used for the Army and the Navy we could not only save an untold number of lives, but we could gain complete mastery over such diseases as typhoid fever, smallpox, yellow fever, lockjaw, and some others."

With these words Chancellor Emeritus Ray Lyman Wilbur began his discussion of better health care, which was recently broadcast over station KPO as a part of NBC's "For This We Fight" series.

Doctor Wilbur stated that, although we have had advanced in science and medicine, there are so many factors in the human personality that it is difficult to control conduct.

"The doctor for soldiers and sailors can do far more for them than is done for those in civilian life, for he has to take advantage of concentrated medical facilities and staff and of dealing with disciplined men under a prescribed medical or physical examination plan," Doctor Wilbur said.

Too small a number of civilians, according to the Chancellor, have periodical physical examinations or bother with medical care until a severe illness or accident occurs.

PREPAYMENT PLAN

A prepayment plan for both prevention of disease and the cure of disease conditions on a voluntary basis has arisen in many parts of the country as a means of financing these new centers, he added.

"With fewer doctors, due to the war, groups of doctors are coming together and dividing up the work that has to be done, and many methods for time saving are being used," Doctor Wilbur said.

The well-trained physician will have no trouble finding a place for his work in the postwar period, according to Wilbur, because "soldiers and sailors returning from the war, after experiencing just what modern medicine can do, will inevitably seek for similar care for themselves and their families."

SURPLUS OF NURSES

Doctor Wilbur added that there might be a surplus of nurses and others who have helped to care for the sick in connection with the armed services, but that these would be partially taken care of also by the demand for more modern medical care.

"Medical knowledge is for all," Doctor Wilbur concluded. "Undoubtedly, we in America will get the best, but science, with its application in medicine, offers to the whole human family relief from disease, malnutrition, and injury to a degree never before possible."

Bay Area Union Health Conference

(COPY)

Called for Sunday, January 16, 1944, 10 a. m. to 5 p. m.
678 Turk Street, San Francisco, 2

January 7, 1944.

Dear Doctor Kress:

At the suggestion of Dr. Rodney Beard, I telephoned you yesterday concerning the Conference, which is to be held on January 16 to consider problems of health which relate especially to war workers in industry and which call for mutual effort of the workers themselves and their agencies, the unions, together with all medical and health agencies.

A liberal representation of these groups is promised. Here is a partial list of professional men and experts who will be in attendance: Doctors L. S. McLean, Charles E. Smith, Walter H. Brown, Frank L. Kelly, Chesley Bush, J. C. Geiger, W. A. Powell, Irving D. Johnson, S. F. Farnsworth, M. P. H., D. M. Bissell, and F. M. Pottenger.

Unions—A. F. of L., C. I. O., and Independent, are sending delegates.

The heterogeneous nature of the gathering will surely insure full and free discussion of the selected questions.

The enclosed "call" is designed primarily to get favorable consideration from Union Locals. Professional and medical men have responded affirmatively to the invitation. The concern now is to insure full Labor representation. . . .

Sincerely yours,
(Signed) MARIANNA PACKARD,
Secretary.

* * *

SPONSORS

California Social Hygiene Association; San Francisco County Medical Society; San Francisco Public Health Department; California Tuberculosis Association; San Francisco Tuberculosis Association; Mental Hygiene Society; California Department of Public Health; San Francisco Nutrition Council; Bay Area Nutrition in Industry.

Labor groups include: American Federation of Labor; Allied Printing Trades Council; Congress of Industrial Organizations; Brotherhood of Locomotive Firemen and Enginemen; Tom Mooney Labor School; Brotherhood of Railway Clerks.

* * *

CALL TO A CONFERENCE ON HEALTH

Health is a community problem, of vital importance to everyone—employer, professional man, war worker.

Representatives of union workers in the Bay area will meet on January 16, 1944, at the San Francisco Civic Auditorium to consider measures for better health and medical care for the men and women who work in the war effort. The conference will be held from 10 a. m. to 5 p. m.

* * *

Your organization is invited to send delegates to aid in the job that the Conference will try to do.

* * *

Lost man hours resulting from illness are a definite threat to war production. Poor nutrition lowers the efficiency and morale of war workers. Doctors' bills and loss of income through illness are a serious problem for workers. If any section of the population has insufficient medical care, the danger of epidemics, such as marked the last war, results.

* * *

Recognizing that health and medical facilities in this area are inadequate, the Conference will tackle four main aspects of the problem. There will be panel discussion on:

1. Nutrition—a hot lunch, industrial feeding program.
2. Communicable diseases—tuberculosis and venereal.
3. Public health—how our city, state, and federal agencies are coping with job safety and occupational hazard problems.
4. Health insurance—plans such as the Kaiser Permanente Plan, California Physicians' Service, and the Murray-Wagner-Dingell bill.

* * *

If possible, four delegates from your group should be chosen, one to cover each panel, so that a full report of the proceedings can be brought back.

* * *

By special arrangements with sponsoring groups, chest x-rays and blood tests will be offered, completely free of charge, at a model health unit which will be on display.

MARIANNA D. PACKARD,
Secretary for the Conference.

San Bernardino County Sues for County Hospital Care

The Board of Supervisors, on October 25, authorized the filing of suits against eighty-eight former patients at the San Bernardino County Hospital to recover money due for hospital treatment.

The former patients had ignored demands upon them for payment of their bills, said Robert J. Farrell, deputy county counsel.

Approximately $2,000 is owed by the eighty-eight patients and suits will be filed in the San Bernardino justice court against those whose bills are above $50 and in the San Bernardino small claims against former patients who owe less than $50.

The amounts due the hospital range from $3 to more than $100.

County Counsel Donald S. Gillespie recently was authorized by the Board to ask the former patients for their payments and approximately $500 was collected, but the rest of the persons declined to answer the requests.

Most of the county's claims are for services given in emergency cases. Usually, the hospital takes care of only charity cases, but also gives treatment to persons in need of emergency aid. Payments are being asked from persons able to pay for treatment.

It is no happiness to live long, nor unhappiness to die soon; happy is he that hath lived long enough to die well.
—Francis Quarles, *Enchiridion*, Cent. ii, No. 84.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (13)

Kern County (2)

Patterson, Lloyd, *Keene*
Rounds, Vincent J., *Bakersfield*

San Diego County (2)

Deeds, D. Dalton, *San Diego*
King, Irving J., *San Diego*

San Francisco County (8)

Baer, Charlotte C., *San Francisco*
Layton, Walber B., Jr., *San Francisco*
Mirviss, Sophia, *San Francisco*
Sandars, Leibert J., *San Francisco*
Shepherd, Ford, *San Francisco*
Singleton, Virginia Anne, *San Francisco*
Spaulding, C. Arthur, Jr., *San Francisco*
Strong, Munro, L., *San Francisco*

Sonoma County (1)

McAulay, Marion B., *Petaluma*

Transfers (1)

Otten, Alex John, from Siskiyou County to San Mateo County.

Resignations (1)

Stoker, Edith M., San Francisco County.

In Memoriam

Abbott, Ursa S. Died at Richmond, November 23, 1943, age 70. Graduate of the College of Physicians and Surgeons of San Francisco, 1902. Licensed in California in 1909. Doctor Abbott was a member of the Contra Costa County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✝

Hoefer, Andrew Jack. Died at San Diego, December 3, 1943, age 43. Graduate of the University of Kansas School of Medicine, Lawrence-Kansas City, 1932. Licensed in California in 1933. Doctor Hoefer was a member of the San Diego County Medical Society, the California Medical Association, and the American Medical Association.

✝

Holliger, Charles Daniel. Died at Stockton, December 13, 1943, age 60. Graduate of the University of California Medical School, Berkeley-San Francisco, 1916. Licensed in California in 1916. Doctor Holliger was a member of the San Joaquin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✝

Hunt, Verne Carlton. Died at Los Angeles, December 12, 1943, age 55. Graduate of Rush Medical College, Illinois, 1913. Licensed in California in 1914. Doctor Hunt was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✝

Kindall, Cleve Edwin. Died at Los Angeles, December 12, 1943, age 55. Graduate of the University of Colorado School of Medicine, Denver, 1911. Licensed in California

† For roster of officers of component county medical societies, see page 4 in front advertising section.

in 1915. Doctor Kindall was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✢

King, John C. Died at Pasadena, October 21, 1943, age 91. Graduate of the University of Nashville Medical Department, Tennessee, 1874. Licensed in California in 1885. Doctor King was a member of the Riverside County Medical Society, and at the time of his death was the only honorary member of the California Medical Association and a Fellow of the American Medical Association.

✢

Kryder, George Buchanan. Died at Glendale, November 18, 1943, age 50. Graduate of the University of Illinois College of Medicine, Chicago, 1920. Licensed in California in 1929. Doctor Kryder was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✢

More, David Hubbell. Died at Beverly Hills, November 4, 1943, age 65. Graduate of Columbia University College of Physicians and Surgeons, New York, 1907. Licensed in California in 1923. Doctor More was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✢

Morton, Lewis Burrows. Died at Los Angeles, October 19, 1943, age 65. Graduate of the State University of Iowa College of Medicine, Iowa City, 1901. Licensed in California in 1909. Doctor Morton was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✢

Neubert, Albert Daniel. (Major, U. S. A.) Died in the European area, October 29, 1943, while on active duty, age 40. Graduate of the University of Wisconsin Medical School, Madison, 1928. Licensed in California in 1931. Doctor Neubert was a member of the San Bernardino County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✢

Peoples, Stuart Zeno. Died at Petaluma, November 16, 1943, age 65. Graduate of the University of California Medical School, Berkeley-San Francisco, 1904. Licensed in California in 1904. Doctor Peoples was a member of the Sonoma County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✢

Rusk, Glanville Yeisley. Died at San Francisco, November 22, 1943, age 68. Graduate of Johns Hopkins University School of Medicine, Baltimore, 1900. Doctor Rusk was an associate member of the San Francisco County Medical Society, and of the California Medical Association, and a Fellow of the American Medical Association.

✢

Shoemaker, Harlan. Died at Los Angeles, December 11, 1943, age 68. Graduate of the University of Pennsylvania School of Medicine, Philadelphia, 1902. Licensed in California in 1912. Doctor Shoemaker was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✢

Steele, Warren Nelson, Jr. (Captain, U. S. A., Air Corps). Died at Shreveport, Louisiana, October 23, 1943, age 32. Graduate of the University of Southern California School of Medicine, Los Angeles, 1937. Licensed in California in 1937. Doctor Steele was a member of the Stanislaus County Medical Society, the California Medical Association, and the American Medical Association.

✢

Stone, Willard John. Died at Pasadena, October 30, 1943, age 66. Graduate of the University of Michigan Medical School, Ann Arbor, 1901. Licensed in California in 1920. Doctor Stone was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✢

Story, Thomas Andrew. Died at Atlanta, Georgia, October 28, 1943, age 68. Graduate of Harvard Medical School, Boston, 1905. Licensed in California in 1927. Doctor Storey was a member of the Santa Clara County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✢

Thompson, Arthur Peter. Died at Los Angeles, November 10, 1943, age 57. Graduate of the State University of Iowa College of Medicine, Iowa City, 1910. Licensed in California in 1926. Doctor Thompson was a member of the Los Angeles County Medical Association and the California Medical Association.

✢

Ward, John Milton. Died at Oakland, October 30, 1943, age 68. Graduate of Northwestern University Medical School, Chicago, 1908. Licensed in California in 1908. Doctor Ward was a member of the Alameda County Medical Association, the California Medical Association, and the American Medical Association.

✢

OBITUARIES



Oliver Deveta Hamlin
1870–1943

Dr. Oliver D. Hamlin, dean of the medical profession in Alameda County and widely known throughout California, died on October 11, of a heart attack. He was 73 years old.

For forty-five years until his resignation in May of 1940, he was attached to the Alameda County Emergency Hospital, for thirty-seven years as chief surgeon. A noted autopsy expert, he served for forty-two years as medical advisor to the District Attorney's office and was frequently called into consultation on criminal cases by various California District Attorneys.

Son of a Forty-niner, he was born on a grain ranch in Oakland Valley (now Albany). From his later home at Lafayette, Contra Costa County, he rode horseback to Oakland to attend St. Joseph's College at Fifth and Madison streets. In 1890 he was awarded a degree as Bachelor of Science, University of Santa Clara, and four years later gained the Degree of Medicine, Cooper Medical College, San Francisco, later Stanford Medical School.

He began practice of medicine a year later as an associate of the late Dr. E. H. Woolsey, then chief surgeon of Southern Pacific Hospital. In 1907 Doctor Hamlin became chief division surgeon for the Southern Pacific Company. He was one of the founders and for years a member of the Board of Governors, American College of Surgeons, and of the Council of the California Medical Association.

Doctor Hamlin was chief of staff at Providence Hospital in Oakland from 1903 to 1938; he was a former president of the Oakland Board of Health, served as president of the Alameda County Medical Association and the California Medical Association; for fourteen years he was a delegate from the State medical group of the American Medical Association.

High requiem mass was held in Oakland's St. Francis de Sales Church.

Present were representatives of State, county, and municipal governments, and people who had known as a real friend the man who was the dean of the medical profession in Alameda County.

The Rev. Father Richard O'Donnell conducted the solemn high requiem mass, over which Archbishop John J. Mitty of San Francisco presided.

Governor Earl Warren, who had known Doctor Hamlin for many years, headed the list of honorary pall bearers and was present at the last rites.

The Oakland *Tribune* for October 17, made the following editorial mention of Doctor Hamlin's services to the community:

"Dr. Oliver D. Hamlin remembered Oakland from the days when the 'big business' center of but few buildings was jammed on Lower Broadway, the streets were knee-deep in mud, and the place where the City Hall now stands was out toward the country. For he was born in Oakland Valley—later Bay View and still later Albany—seventy-three years ago. His father was a pioneer who came around the Horn in 1849, and the tales and the spirit of early California were cherished in the household. When he was a small boy the family moved to Lafayette, distinctly far from city life, and the boy was brought up on a cattle ranch. Not surprisingly, he had his own horse and could ride it. The boy, Oliver Hamlin, used to ride over the hills to attend school at St. Joseph's Academy at Fifth and Jackson Streets, Oakland, a school that was affiliated with St. Mary's College, then in San Francisco. He grew up with a love for this region and for the whole California story, and it is significant that all of his career was spent here. It was a career of distinction in medicine, charities, and friendships. His county and his State medical societies honored him by making him president. Santa Clara University, which awarded him his degree as Master of Science, later conferred the honorary degree of Bachelor of Laws, and it was Cooper Medical College in San Francisco which awarded him his M. D. Back in 1895 Doctor Hamlin began his practice with the late Dr. E. H. Woolsey, who was then chief surgeon of the Southern Pacific in Oakland. There followed service in the Emergency Hospital, as division surgeon for the Southern Pacific and as the District Attorney's medical adviser. In this capacity he became famous as a medical expert for the testimony he was able to offer in court, and it was not long before his aid was sought from other cities and counties.

"If we go back some forty years, we find Doctor Hamlin as president of the Oakland Board of Health. For thirty-five years he was chairman of the staff of Providence Hospital. Deserved honors came to him. He was this State's delegate to the American Medical Association and one of the founders of the American College of Surgeons in Chicago, and a member of the Alameda County Institutions Commission. In his city's life he had time for varied activities. As exalted ruler of the Elks, member of the Athens and Bohemian Clubs, and one who aided in bringing here the famous horse shows, he was consistent in the promotion of everything which he felt to be for the interests of Oakland. In his charities he was both modest and generous, saying little and giving much. A famous physician and surgeon was ths son of a Forty-niner who spent his life in this area and left it the better for the examples he set and the works he performed."

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John C. King
1853–1943

Dr. John C. King was born in Pittsburgh, Pennsylvania, February 9, 1853. He was educated at Newell Institute, and received his M. D. degree at the University of Nashville in 1874. He served as an intern in Pittsburgh Hospital, where he was on the Dispensary staff. Upon coming to California, he at once began an active interest in medical and civic affairs. He was president of a high school board for twenty years; he helped to organize the San Bernardino County Medical Society and became its president; he was also president of the Riverside County Medical Society, and later president of the Southern California Medical Society, and in 1910 he was elected president of the California Medical Association. In 1923 he retired from the practice of medicine in Banning, where he specialized in tuberculosis, and removed to Pasadena.

In addition to his active professional life, Doctor King was an earnest student of the Bible, and for sixty-five years gave continuous service to both church and Sunday schools, as either superintendent or teacher. On December 27, 1942, he brought to a close this phase of his activity, and on that afternoon hundreds of his friends gathered at his home in Pasadena to do him honor.

After he retired from active practice twenty years ago, Doctor King engaged in the delightful hobby of cultivating fine flowers, devoting himself in his large garden, especially to choice roses and magnificent dahlias, which he generously sent to hospitals and churches.

In recent years, Dr. John C. King, who celebrated his ninetieth birthday in Pasadena on February 9, 1943 (CALIFORNIA AND WESTERN MEDICINE, January, 1943, page 49)

had the honor of being the only living honorary member of the California Medical Association.

Doctor King's presidential address to the California Medical Association appeared on page 223 of California State Journal of Medicine for June, 1911. His concluding remarks permit an insight concerning his professional outlook and character:

"In conclusion, allow me to place special stress upon the social life of our State Medical Association. Too many of us regard our colleagues as rivals. Competition is keen, monetary demands are pressing, and the pride of reputation stings when touched. We are apt to magnify our own success and the other fellow's failure. It is a very poor doctor, indeed, who has never succeeded where a better man has failed. We forget that one has a right to be judged by his success rather than by his failures, and that while his failures occasionally fall into our hands, his successes never do. We fail to remember that no one of us is always up to his own average. The corroding effects of professional jealousy hamper us in many ways. In some localities the disease seems especially virulent, in others it is more or less under control. I do not know any better remedy for it than close acquaintance. The better we know our fellow practitioner the better fellow he seems to be, as a rule. A quiet talk with a man we do not like very well often helps us to like him better, does both of us more good than to listen to his erudite paper. The member who only comes to read his contribution, then hikes off again, does not get much out of the meeting or say many good words about it afterward. Let us get better acquainted, that we may like each other better and, in particular, let the one who has attended a meeting or two welcome the one who has never been here before so that he may want to come again. What we most need is a feeling of solidarity."

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Willard J. Stone
1877–1943

Under the caption "The Community Mourns His Passing," the Pasadena *Star-News* for November 1 made editorial mention of the passing of Dr. Willard J. Stone:

"Dr. Willard Stone died, probably, as he would have wished: He died in the harness, as the phrase goes; practicing the profession of medicine, for which he had so meticulously prepared himself and to which he devoted a useful, kindly lifetime.

"In the tradition of the Hippocratic oath, to which physicians subscribe, he ministered to the ailing unto the last. He saw his final patient of the day at 4:30 p. m. He listened to the recital of symptoms, but if the physician himself felt ailing he kept it to himself. When he failed to come home to dinner, his distraught wife had building attendants open his office. There was Doctor Stone, dead.

"So ended a notable career in medicine, a quarter-century of it practiced in Pasadena, where Doctor Stone commanded the respect of laymen and fellow members of the medical fraternity alike. With friends in both of these categories, he had established a reputation in the field of internal medicine. His reputation in this respect preceded when he came here twenty-four years ago, and he enhanced it by his continued studies and his pace-keeping with the advances in diagnosis and treatment of man's internal maladies. He, himself, contributed thought to these advances, in his own practice, in discussions in the recognized medical journals and as a clinical professor at the University of Southern California. He was 66 years old, and his experience dated back over the years, including service as a major of the Army Medical Corps in World War I.

"Tomorrow the able physician will be laid to rest, mourned by confreres and other townsfolk."

Ira Bennett Bartle
1871–1943

Dr. Ira Bennett Bartle, age 72, died at his home in Monterey Heights, San Luis Obispo, on November 7, 1943, after an illness of several months. Death was due to a cerebral thrombosis.

Doctor Bartle, who some years ago gained public attention through his bacteriological research, was born in Woodhall, New York, September 16, 1871, and was graduated from Tulane University, Louisiana, as a physician and surgeon in 1901.

After his graduation he practiced medicine in Oklahoma, and in 1907 moved to North Bend, Oregon, where he served as physician and surgeon for the Simpson Lumber Company, taking postgraduate work in 1913 and 1916.

In 1916 he enlisted in the Army, where he attained the rank of major, and was discharged at Fort Huachuca, Arizona, in 1919.

He practiced medicine in Nogales, Arizona, until 1923, when he returned to North Bend, Oregon, and was connected with the Kyser hospital. He moved to San Luis Obispo in 1929.

A few years ago he conducted research on adobe bricks at the San Luis Obispo Mission, in which he determined that bacteria which had lain dormant for years in dried bricks still retained life and could be revived. He also made a trip to Mexico, where he conducted similar experiments, which gained the attention of several magazines and newspapers.

At the time he was first taken ill, Doctor Bartle was president of the local Rotary Club, and was a member of the Masonic Lodge (a Shriner), and American Legion Post No. 66. He was also a member of the Eastern Star of North Bend, Oregon.

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Stuart Zeno Peoples
1878–1943

Dr. Stuart Zeno Peoples, age 65, passed from this life at 3:20 o'clock on November 16. His death occurred at the Petaluma General Hospital, where he was taken ill three weeks before while assisting in an operation. Apparently recovered from an extended illness which had its inception on March 24 last, he resumed his medical practice in the early summer. He was stricken on October 23 with paralysis.

Doctor Peoples was a fine example of that worthy class of men to whom Petaluma was largely indebted for its progress and health.

Night or day, no matter how tired he might be, he was ever ready to answer sick calls. He gave freely of his knowledge and cared, gratis, for those less fortunate who needed his help. He found it a pleasure to help those in need. He took care of families for years when he knew they were unable to pay, but it made no difference to the kind-hearted physician.

He had been the physician for local families for generations and was regarded not only as a physician, but a good and sincere friend.

Petaluma will not seem the same without Doctor Peoples, whose long and distinguished career came to a close in the hospital which he at one time owned.

He seldom rested, and lived an unusually busy life up to the end. After a sudden attack of illness suffered some months ago, his family endeavored to have him retire.

Doctor Peoples had long been numbered among the leading members of Petaluma's medical fraternity and also figured prominently in civic and school affairs. He was born on April 19, 1878, at Stony Point, and in Sonoma County represented one of its oldest families.

Completing courses in rural schools and the Petaluma high school in 1896, Doctor Peoples devoted three years

to teaching at Dunham and Canfield schools after graduating from McMinn's Normal School at Santa Rosa. He prepared for his medical profession in the University of California, from which he received his M. D. degree in 1904. He returned to Petaluma, where he had since maintained an office. He enlisted in the United States Medical Corps during World War I, winning the commission of first lieutenant, and was stationed at the base hospital at Camp Lewis, Tacoma, Washington, during 1918-19.

On three different occasions Doctor Peoples had served as president of the Sonoma County Medical Society, and for twenty years as head of the Sonoma County Tuberculosis Association.

Anxious to assist in the present war emergency, Doctor Peoples became the chief examiner for Local Draft Board 44 and a member of the Sonoma County Procurement and Assignment Committee which was delegated to secure doctors for the Army and Navy. Physicians and surgeons in Petaluma and elsewhere had intense admiration for his usefulness as a member of the medical profession. He never spared himself to render medical aid day or night, or to save a life.

Through his association in community endeavor and in the above organizations he was very frequently taxed in effort, but never complained, and yet found time to efficiently care for the splendid medical practice he had built up in the community which he loved and liked to call his home. For such service he will be amply rewarded in the Great Beyond. His name is indelibly written in the Book of Memory.

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Albert Daniel Neubert
1904–1943

Death has struck for the first time in the ranks of doctors in San Bernardino County, serving their country in World War II, in the tragic loss of Major A. D. Neubert in England on October 29, from spinal meningitis.

Entering the Service in September, 1942, with the rank of Captain, his enthusiasm and close application to duties had won for him the respect and confidence of his superior officers and he was promoted to the rank of Major in April, 1943. He had been assigned especial training in chest surgery and was wonderfully well equipped to carry on his medical work on the field of action. He was sent overseas and wrote glowing letters of his pleasure in and enjoyment of the beauties of England while waiting for his more active duties.

Letters to his wife spoke of having undergone a mild attack of influenza, but having recovered. The next word was the wire from the War Department telling of his death on October 29.

It has been my privilege and pleasure to know Major Neubert from the time of his first arrival in Redlands in 1931, and I had taken much joy in watching his rapid progress in his profession, and in the respect and affection with which he was received, both by his medical confreres and by his large clientele of patients. He was an earnest seeker after an always more complete knowledge of medical subjects, an avid reader, and a man of excellent judgment in all things medical.

The medical profession in our county has lost one of its bright stars. The host of former patients mourn the loss of a true friend, a devoted family counselor, and an outstanding, able and conscientious medical advisor. As for myself, I feel the terrible loss of a real friend and a brilliant young man who would have had many years of inestimable accomplishment ahead of him, for he was stricken in the prime of life.

The medical profession can again take pride in the sacrifice of all he had to give for his beloved country by Major Neubert. "Greater love than this hath no man."

CARLOS G. HILLIARD.

CALIFORNIA PHYSICIANS' SERVICE†

Background of California Physicians' Service: A Foreword

California Physicians' Service has undergone several changes in operation and has received a large number of new professional members since it was first organized. In view of these developments, it seems desirable at this time to institute a review of the organization, its philosophy, functions, aims, ideals, and operations. In this and succeeding issues of CALIFORNIA AND WESTERN MEDICINE, such a review will be run, with the hope that it will serve to answer questions in the minds of many professional and beneficiary members.

California Physicians' Service was organized in the fall of 1939, after a special meeting of the House of Delegates of the California Medical Association had voted almost unanimously to institute in California a prepaid medical care plan. This plan was contemplated to be a service organization for employed individuals in the $3,000, or less, annual income class. The type of organization was decided as a nonprofit membership organization, formed under the non-profit laws of California.

Membership was to be divided into three classes. First, beneficiary members were described as those members who would receive the benefits of the organization. Second, professional members were listed as those doctors of medicine in California who joined as professional members and agreed to render professional service to the beneficiary members. Third, administrative members were described as those members who would oversee the organization and select the trustees who would handle the actual operations.

This form of organization was instituted and has been continuously in effect for more than four years.

PHILOSOPHY OF CALIFORNIA PHYSICIANS' SERVICE

Behind the formation of California Physicians' Service lies a complete philosophy, designed to keep the medical profession of California abreast of changing social philosophies and dedicated to the meeting of public demands for a more widespread and more easily acquired access to the best in modern medical practice.

The principal idea of California Physicians' Service is to bring the public and the medical profession together so that one may enjoy the art and science of the other. This is accomplished by employing the principles of a pooled fund to the distribution of medical care. California Physicians' Service is formed as a nonprofit membership organization, not as an insurance company, but its operations are along the lines of a sharing of cost, such as is inherent in any coöperative enterprise.

In taking the lead to bring the public and medicine closer together, the physicians of California have also acted as pioneers in the providing of prepaid medical care through professional organizations of their own formation. They have set a pattern which has been followed and emulated in other states and which today is admittedly the strongest answer of the medical profession to such demands for state medicine as the Wagner-Murray-Dingell bill introduced in Congress last June.

The rising social consciousness in America, urged on by Washington in the past ten years, has become more and

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Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 5, bottom left-hand column.

more vocal on the need for more available medical care for the middle income group. In 1939 this voice was beginning to make itself heard in California. There was talk of a compulsory state health insurance bill which would have made the doctors of California the tools of a state political setup.

Recognizing the public interest in such a plan, some of the far-seeing physicians in the state set about to organize their own type of medical care plan. They envisioned a plan which the average worker could afford and which he could place in his budget along with his other fixed expenses. At the same time, they thought in terms of a pattern which would protect the scientific advances of medicine while providing for the public in more adequate and more easily budgeted medicine. And they promised the public of California that such a plan would be developed and offered for public service.

Thus, California Physicians' Service was the answer to these promises. California Physicians' Service was the child of the doctors, sponsored and backed by them as a sincere fulfillment of a promise to the public of California.

Today it is more apparent than ever before that such an answer had to be produced by the medical profession sooner or later. Fortunately, there is now four years of experience behind California Physicians' Service, four years fraught with trials and errors and now ready for crystallization into a sound, workable plan of prepaid medical care under direct medical operation and supervision. Today California Physicians Service is the best available answer to Senator Wagner and others who would still seek to impose a bureaucratic control over medicine and set up the form of state control which the medical profession knows has resulted in a deterioration of the quality of scientific medicine in other countries.

On the one hand, then, California Physicians' Service is serving as a means of making first-quality medical care available to the middle-income group of citizens. On the other hand, it is serving as medicine's strongest bulwark against attacks from the outside, particularly attacks by bureaucrats and social planners who see the picture of medical care purely as a commodity and not as a personal, intimate, service. The philosophy of its founders is being realized.

Next month consideration will be given to the financing of California Physicians' Service and to its physical operations. Meanwhile, if these review articles stimulate any questions in the minds of the reader, California Physicians' Service will be glad to receive and to answer them.

* * *

Stork Cases Off M. D. Project List

Medical care was being extended as usual in Vallejo Housing Authority projects last night with the service charge added to the rent bill—but with such luxury items as tonsillectomies, vitamin injections, and delivery of bouncing boys strictly on the a la carte list.

Costs of tenants of the deleted service will be the same as under the old plan which almost bankrupted the California Physicians' Service with a chronic epidemic of pregnancies among the wives of Mare Island Navy yard workers. Powerless to check the epidemic, California Physicians' Service offered the new plan which went into operation yesterday, with subscription optional.

90 Per Cent Must Sign

If 90 per cent of the residents in projects participating sign for the service it will be continued indefinitely, the California Physicians' Service said last night in a statement issued by Dr. C. T. Alexander, Vallejo director.

The statement follows:

"A revised California Physicians' Service War Housing medical program became effective in the Vallejo area yesterday, October 1, 1943. The program is similar to the one in operation previously, except that several conditions which proved too costly to be included, in consideration of the rates paid to insure financial stability of the program, have been eliminated. The conditions eliminated are maternity cases, tonsil operations, hernia operations, and treatment of congenital deformities.

Charges Prepaid

"The prepaid feature is carried over with the new plan, and the same rates as prevailed before will still be in effect. Monthly rates are $5 per family, $4 per couple, $2.50 for additional persons living with the family. Dormitory tenants will pay 60 cents a week. The Housing Authority rental office will collect the dues at the time members pay rent.

"Medical Centers staffed with doctors and nurses are provided for each project participating in the plan. At the present time, Medical Centers are located at the Chabot Terrace project, staffed by four doctors and eight nurses; the Victory-Solano projects, staffed by one doctor and three nurses; and the Hillside Dormitories where, in addition to the Medical Center, a twenty-eight bed infirmary is operated in conjunction with the United States Public Health Service, and is staffed by two doctors and five nurses.

Care on Projects

"All illnesses and injuries possible will be cared for at the Medical Centers. Those that will require surgery, hospitalization, consultation with specialists, and other facilities which the Medical Center cannot provide will be referred to a doctor of the patients choice, to be selected from a panel of professional members of the California Physicians' Service, which locally is composed of doctors of medicine practicing in Solano County.

"The services of California Physicians' Service professional members residing elsewhere are always available in case the services of a specialist not included on the local panel are needed. A twenty-four-hour home call service will be available on all projects participating. All members must be seen by a doctor on the project prior to being referred to a doctor of the professional member panel.

Twenty-one Days in Hospital

"Hospital care will be limited to twenty-one days per annum for each separate condition, and includes ward bed, meals, general nursing care. Certain items such as blood transfusions, vitamins, oxygen and biological preparations are not included.

"The plan will be directed by Dr. C. T. Alexander, Lieutenant Commander (m.c.), U. S. N. Ret., in the Vallejo area.

"One of the important features of the plan is that a membership of not less than 90 per cent for each project participating will have to be maintained if the plan is to be kept in operation. A fall below this figure would render the plan financially unsound."—Vallejo *Times-Herald.*

* * *

Housing Authority Silent on Chabot Medical Service

Residents of 2,700 housing units in Chabot Terrace were due to pay their rent this morning, with no official word yet from the Vallejo Housing Authority as to whether they must also pay a monthly bill for medical service of approximately $10,000.

While steps have been taken to reorganize and extend the project which the California Physicians' Service announced would be abandoned October 1, the housing management had given no information to tenants last night.

Residents of Chabot have been paying for medical care at a monthly rate scaled up to $5 a family, according to the number of rooms in the unit occupied.

It is said that obstetrics and all but emergency surgery will be eliminated from the new service if and when it is extended.—Vallejo *Times-Herald.*

State Venereal Disease Shows Upward Trend

The California State Public Health Department recently reported a marked increase in social disease among 'teenagers in California and said the increased prevalence of the diseases in minors "is indicative of faulty social conditions."

Tracing other wartime social trends, Department Director Wilton L. Halverson also reported a significant increase in births and marriages in the State and a reduction in the suicide rate.

"The increase in gonorrhea among the age group 15 to 19 has increased 46.3 per cent, while the per cent of increase for all age groups is but 12.7, which is only moderately in excess of the increase in population.

A rise in syphilis infections discovered in premarital and prenatal blood tests also was reported.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings †

California Medical Association. Meetings will convene in Los Angeles. Dates of the seventy-third annual session, to be held in 1944, Sunday, Monday, May 7-8.

American Medical Association. Sessions will be held in Chicago (not St. Louis) on June 12-16, 1944. (See *The Journal of the American Medical Association*, November 6, 1943, page 644.)

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays.

KFAC presents the Saturday program at 10:15 a. m., under the title "Your Doctor and You."

In January, KFAC will present these broadcasts on the dates of January 8, 15, 22, and 29.

The Saturday broadcasts of KFI are given at 9:45 a. m., under the title "The Road of Health."

"Doctors at War":

Radio broadcasts of "Doctors at War" by the American Medical Association, in coöperation with the National Broadcasting Company and the Medical Department of the United States Army and the United States Navy, are on the air each Saturday at 2 p. m., Pacific War Time. Series will commence on January 8, 1944. Will run for twenty-six weeks.

Pharmacological Items of Potential Interest to Clinicians*:

1. *New Journals:* Welcome to W. B. Cannon and H. E. Sigerist's *American Review of Soviet Medicine*, which got such heavy publicity. First issue (October, 1943) has articles on frostbite effect on sympathetics (N. N. Burdenko), time factor in restorative surgery of peripheral nerves (V. V. Lebedenko), and our Mike Shimkin's survey of cancer research in U. S. S. R., and P. M. Dawson's account (not in simplified spelling) of U. S. S. R. physical culture. Slcekily elegant, obviously not bothered by restrictions, is *Revista Argentine-Norteamericana de Ciencias Medicas*, offering B. A. Houssay's full review of the rôle of the pituitary on carbohydrate metabolism (1:145, 1943) and translated pot-boilers from U. S. A. (N. B.: Very expensive are Argentine medical items: "El Ateneo," Buenos Aires, offers W. T. Fotheringham's two-volume *Operaciones Urgentes* for $50, and R. Dassen's *Diagnostico Diferencial Y Tratamiento de las Enfermendades Internas*, Second Edition, 774 pages, for $30). Worthy is *Revista de Instituto Adolfo Lutz* (Department of Public Health, Sao Paulo), in which F. Almeida & Co. offer a neat review of pathogenic yeast diseases (2:326, 1942).

2. *Confirmations:* J. Ruiz-Gijon (Madrid) confirms many that dose-effect curve of cat blood pressure effects of epinephrin is hyperbolic (*Arch. Exp. Path. Pharmakol.*, 201:305, 1943). Also reporting axis-wise is T. Gotsev (Sofia) in confirmation of old J. Blake (*Amer. Jour. Med. Sc.*, 15:63, 1848) that magnesium salts lower blood pressure (*Arch. Exp. Path. Pharmakol.*, 201:322, 1943). Pal N. Davis & Co., without benefit of helpful advice, confirm (*West. Jour. Surg., Obs., Gyn.*, 51:419, 1943) E. Poth and C. Ross's careful work showing phthalylsulfathiazol better than succinylsulfathiazol in handling watery diarrheas (*Fed. Proc.*, 2:89, 1943, and more fully in winter 1943 issue of *Tex. Rep. Biol. Med.*) H. P. Himsworth (*Lancet*, 245:465, October 16, 1943) confirms E. B. Astwood (*J. A. M. A.*, 122:78, 1943) that thiourea, 3 grams daily, greatly benefits cases of thyrotoxicosis. However, J. B. and C. G. MacKenzie (*Proc. Soc. Exp. Biol. Med.*, 54:34, 1943) find that thiourea tends to cause pulmonary edema in older rats, in addition to increasing the size of the thyroid.

3. *From Instituto Oswaldo Cruz:* Watch G. G. Villela's studies on antitoxic principles from liver (*Rev. Brasil Biol.*, 1:431, 1941; 2:365, 1942; 3:99, 1943; *O Hosp.*, 21:201, 1942). H. Linhares offers evidence on possible insect transmission of leprosy (*Mem. Inst. Oswaldo Cruz*, 38:321, 1943). M. I. Mello offers rapid chemical test for use in diagnosis of pregnancy on basis of estimation of gonadotropic hormone in urine (*Rev. Brasil Biol.*, 3:119, 1943).

4. *Anesthesia:* R. M. Waters reviews carbon-dioxide absorption (*Anesth.* 4:596, 1943). P. S. Ross and R. O. Allen discuss elcctronarcosis (*Ibid.*, p. 630). F. M. Allen and L. W. Crossman survey refrigeration anesthesia (*Anesth. and Analg.*, 22:264, 1943). N. A. Gillespi (*Ibid.*, p. 275) emphasizes importance of A. E. Guedel's "signs of anesthesia" (*Inhalation Anesthesia*, New York, 1937). R. K. Richards and K. Kueter (*Ibid.*, p. 283) confirm R. Beutner and H. Wastl (*Anesth.*, 2:661, 1941) that calcium salts reduce toxicity of local anesthetic agents.

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

*County societies giving medical broadcasts are requested to send information as soon as arranged.

* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

5. *Et Cetera:* M. L. Tainter proposes methyl cellulose as a colloid laxative (*Proc. Soc. Exp. Biol. Med.*, 54:77, 1943). J. V. Scudi and M. T. Hamlin report on distribution and slow excretion of atabrine (*Ibid.*, p. 127), but fail to note liver injury following accumulation there. J. H. Gaddum reports on big Faraday Society symposium on drug action (*Nature*, 152:495, October 30, 1943). J. B. Lippincott, Philadelphia, reprints as book J. C. Aub & Company's *Management of Coconut Grove Burns at MGH* (*Ann. Surg.*, 117, June, 1943). G. Brownlee and I. M. Tonkin study acridine powder in wound therapy (*Quart. Jour. Pharm. and Pharmacol.*, 16:73, 1943). J. H. Gaddum designs toxicity tests in comparison with standards (*Ibid.*, p. 78). M. Maizels discusses physico-chemical changes occurring in stored blood (*Quart. Jour. Exp. Physiol.*, 32: 143, 1943). R. E. Tunbridge and J. V. Wilson survey pathological and clinical findings in blast injury (*Quart. Jour. Med.*, 12:169, 1943). F. M. Burnet and D. R. Bull find influenza virus mutations on chick embryo passage (*Austral. Jour. Exp. Biol. Med. Sci.*, 21:55, 1943). D. Engel and E. Forrai (*Jour. Physiol.*, 102:127, 1943) find increased capillary permeability in traumatic shock limited sharply to area around trauma. H. J. Seddon & Co. find rate of regeneration of peripheral nerves in man after suture to be about 1.5 mm. per day (*Ibid.*, p. 191). B. Gerstl and R. Tennant explore enzymes as factors in resistance to tuberculosis (*Yale Jour. Biol. Med.*, 16:1, 1943). Merck & Co. also issue a bibliography on penicillin and other antibiotics.

Southern California Medical Association: One Hundred Eighth Meeting.—War-time health problems that have developed in this area were considered at the 108th semi-annual meeting of the Southern California Medical Association, held on December 10 and 11 at the Los Angeles County Medical Association.

Led by Dr. John F. Kessel, the opening session of the conference at 2 p. m., Friday, featured a symposium on tropical diseases which have become of a vital interest to home front physicians, with the return of many casualties from the Pacific war zone. Epidemic diseases of importance during war time composed the theme of the symposium conducted on Saturday, December 11. The topic discussed at the afternoon session was on the recent advances in surgery.

Allergy: Sixth Annual Forum Will Meet in St. Louis.—This international postgraduate society was founded in 1938 at Cincinnati, Ohio, to provide a place in which to review the progress of clinical allergy, to afford in peace times a forum for the younger members, and to offer intensive postgraduate instruction to physicians working in other fields. The founders were Dr. Tell Nelson of Chicago, Illinois; Dr. Karl D. Figley of Toledo, Ohio; and Dr. Jonathan Forman. Meetings have been held each year since.

In 1940 the name was changed to correspond to the international character of its attendance and the Forum's Gold Medal and annual oration were established as a means of recognizing outstanding contributions to clinical allergy.

The Sixth Annual Forum on Allergy will be held in the Statler Hotel, St. Louis, Missouri, on Saturday and Sunday, January 22 and 23, 1944. This is a meeting to which all reputable physicians are most welcome, and where they are offered an opportunity to bring themselves up to date in this rapidly advancing branch of medicine by two days of intensive postgraduate instruction. . . . Good fellowship at luncheon, dinner, and smoker reigns throughout the two days. The meeting offers an exceptionally fine opportunity to meet and to come to know many distinguished authorities in this more and more important but new field of medicine.

American Board of Ophthalmology.—Effective January 1, 1944, the executive office of the American Board of Ophthalmology will move to: P. O. Box 1940, Portland 2, Maine.

Please send all Board correspondence to this new address. Examinations in 1944 will be held in New York City, June 3 and 4; Chicago, October 5, 6, and 7.

It's Wise to Immunize.—Under the caption, "It's Wise to Immunize," the Health Department of the city of Pasadena has issued the following bulletin:

With the many new babies being born, and the general impression of people from various parts of the country, it is again necessary to remind parents of their responsibility in seeing that their children are protected against smallpox and diphtheria. Immunization against whooping cough is now reasonab y effective, and the use of tetanus-toxoid is definitely indicated. In the Health Department's child hygiene conference the combined "diphtheria-tetanus-whooping cough" immunization is now being used. The immunity or protection given is as complete as with the separate products. Three immunizations, at from one month to six weeks intervals, are required. The recommended age to begin these immunization procedures is nine months. It is very important that every child be protected against these diseases before reaching his first birthday.

Immunity levels against smallpox in our adult population are lower than they have been for two decades. It is approximately twenty years since a serious outbreak of smallpox stimulated response to a vaccination program. With the rapid turnover of population and the great influx of civilian workers to the war industries of Southern California, smallpox in any corner of the United States is potentially smallpox here. Be safe and check up on your small-pox immunity by smallpox vaccination.

Fake Operator.—An impostor, who has been asking advance deposits from California physicians on supply orders supposedly taken for the Manhattan Manufacturing Company of Chicago, has been entirely disclaimed by that company. He has used the name of Lancaster in his California operations and has written up his supposed orders on a type of order book casily obtained in any stationery store. Physicians are warned to be on the lookout for this operator and to make sure that any orders given for supplies are on the basis of catalogue details or other good evidence presented by the salesman. If the agent is not known to you, do not pay him any money; instead, offer to send your payment direct to the company. Above all, look out for any salesman offering standard merchandise at a cut rate. He is likely to be an impostor who will pocket your payment and disappear.

Valley Doctor, Eighty-Six, Aids War Effort.—Dr. Frank Prentice, the man who was too old to join our armed forces, is today mining. He has reopened the old Imperial Lodge mine thirty-five miles south of Daggett, California. The property was originally operated as the Imperial Connor mine.

Shortly after Pearl Harbor, Doctor Prentice, eighty-six, slightly over five feet in height and weighing about 135 pounds, applied at a naval recruiting station in San Francisco and was turned down. Determined to play his part, he took more than forty men who had been rejected by the Navy, due to physical disability, and put them through a course of training making it possible for them to pass.

Today he is mining lead and silver for the war effort.—Sacramento *Union*, November 16.

American College of Surgeons: California Initiates in 1943.—Frederick E. Blume, Oakland; A. Morse Bowles,

Santa Rosa; Frank A. M. Bryant, Los Angeles; Marion C. Collins, Turlock; Lewis N. Cozen, Los Angeles; Walter H. Drane, Los Angeles; James S. Elliot, San Francisco; Orwyn H. Ellis, Los Angeles; Clinton V. Ervin, Jr., San Francisco; William M. Fitzhugh, Jr., San Francisco; Richard J. Flamson, Los Angeles; Claudius Y. Gates, San Francisco; Louis J. Gogol, Los Angeles; Victor Goodhill, Los Angeles; H. Hoffman Groskloss, Long Beach; Lee Hand, San Francisco; Andrew M. Henderson, Jr., Sacramento; Ernest C. Hillyer, Long Beach; T. Richard Hofmann, Berkeley; Nelson J. Howard, San Francisco; F. Harriman Jones, Long Beach; Russell R. Klein, San Francisco; Raphael J. Koff, Los Angeles; Sanford E. Leeds, San Francisco; Purvis L. Martin, San Diego; Paul McChesney, Berkeley; Horace J. McCorkle, San Francisco; Louis C. Olker, Chico; John R. Paxton, Glendale; Robert O. Pearman, San Luis Obispo; Robert J. Prentiss, San Diego; Frederick Schlumberger, Los Angeles; Wesley E. Scott, San Francisco; Hall Seely, San Francisco; G. Arnold Stevens, Los Angeles; Vance M. Strange, San Francisco; Charles M. Taylor, Los Angeles; Omer W. Wheeler, Riverside; William F. Williams, Oakland; Sheldon K. Wirt, Santa Cruz; Henry B. Woo, San Francisco; Harry A. Zide, Los Angeles.

Warning—In Re: Triplicate Narcotic Blanks.—Due to the increasing number of cases wherein narcotics are indicated, physicians are warned to anticipate their need for Triplicate Narcotic Prescription Blanks sufficiently far in advance so that their supply will not become exhausted, thus causing them inconvenience, and possible embarrassing situations.

Although there is a provision in the California law permitting physicians to write narcotic prescriptions on other than the Triplicate Narcotic Prescription Blank in an emergency (epidemic, disaster, etc.), it will save much unnecessary writing *if these blanks are obtained in advance.*

The California Bureau of Narcotic Enforcement desires to coöperate with physicians to the fullest extent, and will forward the blanks immediately upon request, by special delivery if necessary. Write, telephone, or wire to: Bureau of Narcotic Enforcement, 156 State Building, San Francisco, California. (Telephone: Underhill 8700, Local 560.)

Deaths From Use of "Doryl": Notice From the California State Department of Public Health, 521 Phelan Building, San Francisco 2, California.—Death of several patients has resulted from intravenous injection of Doryl (carbamylcholine chloride), a powder manufactured by Merck & Company, according to information reaching the State Department of Public Health.

Doryl is distributed in three forms:

1. A powder intended for use as an eye wash and packed in 1 c.c. ampoules, each ampoule containing .15 grams (*150 milligrams*) of Doryl (600 times the hypodermic therapeutic dose). Apparently this is the product which has caused death when injected hypodermically due to confusion with liquid Doryl described under (2).

2. A liquid intended for administration intravenously, also packed in 1 c.c. ampoules, but containing only *one-quarter of a milligram* of Doryl. This is the usual hypodermic dose intended and used for treatment of urinary retention.

3. A powder as described in (1) but packed in a small screw-cap bottle, which distinguishes it from the liquid ampoule (2).

On the label of both the ampoules and the bottles of powdered Doryl there is printed a warning against injection intravenously. However, due to the fact that powdered Doryl was formerly packed in 1 c.c. ampoules, mistakes apparently have occurred which have resulted in death.

Local health officers have been advised by the State Department of Public Health to seize from druggists all 1 c.c. *ampoules of powdered* Doryl and to warn physicians and hospitals against the hypodermic administration of powdered Doryl.

Friday Night Lecture Series in Los Angeles.—A series of eight lectures is being arranged, to be given at the Los Angeles County Medical Association Building, 1925 Wilshire Boulevard, at 8 p. m., on the following Friday nights:

January 21 and 28.
February 4, 18, and 25.
March 3, 17, and 24.

These talks will be practical and instructive.

The subjects will be of the greatest importance to the practicing physician in his relations with law enforcement bodies and with the community. A partial list of topics follows:

"The Coroner's Office and the Practicing Physician."

"The Workmen's Compensation Law and the Practicing Physician."

"Legal and Medico-Legal Aspects of Drug Addiction."

"The Doctor in Court."

"So You Are Going to Be a Witness, Doctor."

It is planned to permit questions from the floor on the occasion of each discussion.

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.
San Francisco

Consent Required for Operations Upon Married Women Under Twenty-One Years of Age

It is an established legal principle that a physician or surgeon cannot operate upon a person without his or her consent or, if the patient is legally incapable of consenting, then the consent of someone authorized by law to give consent must be obtained. The general question of operations upon persons legally incompetent to consent to same has been considered in previous issues of CALIFORNIA AND WESTERN MEDICINE (see Medical Jurisprudence, March, 1939, Vol. 50, No. 3, page 241). One class of persons who are by law incompetent to give consent are minors. The question has been raised, particularly in reference to wives of service men, whether a married woman less than twenty-one years of age may legally authorize surgery or some other medical procedure to be performed upon her person.

Ordinarily, any person less than twenty-one years of age is considered a minor, and the consent of his or her parent or other legal guardian must be obtained before an operation can be performed. There are, however, several statutes in California, with reference to the effect of marriage, which modify this rule. *California Civil Code,* Sec. 204, provides that the authority of a parent ceases upon the child's marriage. *Civil Code,* Sec. 25, in defining minors as all persons under twenty-one years of age, contains a limitation to this rule to the effect that any female who has contracted a lawful marriage and is of the age of eighteen or over, shall be deemed to be of the age of majority and to be an adult person for the purpose of entering into any engagement or transaction respecting property or her estate, or for the purpose of entering into any contract, the same as if she was twenty-one years of

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

age. The effect of this latter section is that any girl of eighteen years of age or over who is married may consent to the performance of an operation herself and no further consent need be obtained, either from her parents or from her husband.

In those cases where the patient is less than eighteen years of age but is married, the consent of her husband should be obtained before any operation is performed upon her. As Section 204, above referred to, terminates any authority of a parent upon a child's marriage and a girl less than eighteen years of age is still a minor, even though married, her husband would seem to be the only person legally competent to consent to the performance of an operation upon her. If the husband of such a minor is absent in military service, making it impossible to obtain his consent, the only safe procedure for a physician or surgeon to follow is to refuse to perform any operation on such a minor, except in those cases where an emergency may be present, requiring some medical service to protect the patient's life or health. A discussion of what emergencies justify operations without consent is contained in the March, 1939 issue of California and Western Medicine, above mentioned.

LETTERS†

Concerning Reports on Diarrhea of the Newborn:

(copy)

State of California
Department of Public Health
Bureau of Maternal and Child Health
739 Phelan Building
760 Market Street
San Francisco 2, California

December 23, 1943.

Dear Doctor Kress:

Attached is a copy of the statement on the reporting and isolation of cases of diarrhea among newborn infants, about which I spoke to you. As many of the physicians in the State seem unfamiliar with the regulations with regard to reporting such cases, it would be most helpful if you could run this material in the Journal.

As you know there has been considerable diarrhea among the newborn infants this past year and we want to do everything we can to control it. . . .

Cordially,

(Signed) Jessie M. Bierman, M. D.,
Chief.

* * *

(copy)

To: *All hospitals and maternity homes in the State admitting maternity patients.*

Re: *Reporting and isolation of cases of diarrhea among newborn infants.*

I. *Reporting*

In the new "Regulations for the Control of Communicable Disease" adopted by the California Board of Health April 3, 1943, the section on Epidemic Diarrhea has been changed to read as follows:

"*Epidemic Diarrhea* (of the newborn). Section 62.

"(*a*) . . . The definition as to what constitutes a *reportable case of diarrhea of the newborn* shall be as follows:

" 'Diarrhea in the newborn up to three weeks of age occurring in a hospital giving maternity service. Diarrhea shall be considered to exist when an infant has four or more loose stools in twenty-four hours, except in the case of entirely breast-fed infants who show no other signs of illness and who are gaining weight.'

"(*b*) The infant patient shall be immediately placed in strict isolation until discharged from the hospital.

"Infant contacts shall be kept in strict isolation until discharged from the hospital or institution.

II. *Isolation Procedure to Be Followed*

1. Infants developing diarrhea as above defined shall be removed from the Maternity Division at once and shall be reported by the hospital or physician to the local health authority on the form postcard provided for this purpose (see attached).

The purpose of reporting and isolating *all* cases of diarrheal disorders, regardless of type, is to make possible the detection of the epidemic form of the disease before widespread damage results—just as babies with discharging eyes are isolated regardless of cause.

2. Quarantine the nursery. There shall be no new admissions to the nursery where the infants have been exposed to an infant having diarrhea until all exposed infants have been discharged from the nursery and the nursery has been thoroughly cleaned.

Many outbreaks of diarrhea and other communicable infections in nurseries continue because the persons in charge do not act quickly. It is frequently found that, unless the nursery is closed to further admissions, the infection continues and new infants admitted quickly become infected.

3. Set up an auxiliary newborn nursery for new admissions. A private room, if it is large enough and equipped with running water, is usually satisfactory for this purpose if it can be made to meet the requirements for a nursery.

4. Observe all contacts carefully until discharged and immediately isolate any showing symptoms.

5. Report all discharged contacts to local Health Department.

6. Carefully check back to discover any break in formula, feeding and hand-washing techniques.

7. Check adequacy of refrigeration of formulae. Safety requires that milk preparations be kept at temperature of 40 degrees Fahrenheit or below. It has often been found that the increased load in the maternity departments is overtaxing the refrigeration facilities, with the result that the formulae are frequently held for hours at temperatures favoring the growth of organisms. Rapid precooling of bottles containing formula after sterilization is necessary before placing in refrigerator.

8. Check each step of nursing technique, especially how nipples are put on bottles. No finger should ever touch anything that goes into the infant's mouth or nose. When nursery is quarantined because of the occurrence of a case of diarrhea, the nurse who diapers the infants should not feed them, except when she is caring for only the one infant.

9. Check all attendants entering delivery room and nursery and preparing formula for presence of any type of infection.

10. Inspect all equipment of maternity service for possible defects.

11. Infected nursery must be thoroughly cleaned after last baby is dismissed. New admissions must not be made to this nursery for at least twetny-four hours, during which time the walls and floors must be thoroughly scrubbed with soap and water and preferably painted, a maximum of air and light admitted and all equipment coming in contact with infants thoroughly cleansed and exposed to direct sunlight or ultra-violet light.

† California and Western Medicine does not hold itself responsible for views expressed in articles or letters when signed by the author.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XVII, No. 1, January, 1919

EXCERPTS FROM EDITORIAL NOTES

Reducing Industrial Fatigue.—California industries are, to a high percentage, represented by agriculture in some form. Factories and industrial plants of similar sorts have thus far received the major emphasis in considerations of industrial hazards, handicaps, and factors of increased production. It is probable that all industrial activities, including agriculture, will soon receive merited attention from these standpoints. As in all industrial advance, the physician is closely associated here and will have an important part to play in the future development of California on industry, including agriculture. In this latter regard the physicians of rural and small town districts will be chiefly concerned. . . .

Of Fads and Specialisms.— . . . Certainly let fads and specialisms flourish. Out of them may come new building stones. They may but serve to enrich the soil and increase its fertility. Whatever things in them are good will survive, and after being pruned by time will be incorporated in the complex body of medical science. We do not fear them. We do not nurture them. We await time's judgment. For the living, sentient body of scientific medicine is vastly greater than any of its parts. It is in constant growth, and constantly it sloughs off the binding ties of outworn beliefs and disproved traditions. Its constant change is its life. Surely, it is vital and big enough to demand our allegiance, not to any of its numerous and often distantly related branches, but to the great and strong central organism of medical science.

School Athletics.—The postwar period of civil rehabilitation offers some of the knottiest problems with which physicians of this generation have had to deal. Two factors contribute to the urgency and difficulty of their solution. One of these factors is the public civil urge for improvement in social, economic and health conditions, an urge which will become irresistible with the addition of the demobilized military to the civil population. The other factor is the necessity for translating our military experience into terms applicable to civil problems following the War. To no postbellum problem are these two factors more closely related than to the problem of school athletics, and amateur competitive athletics. And to no problem has less attention so far been given, seeking to satisfy the conditions of the two factors just enumerated.

The Fourth Liberty Loan, the Greatest Single Event in Financial History.—The United States Government [in 1918] asked a loan from the people of the country of $6,000,000,000, an amount unprecedented in all the history of the world. In three weeks' time, in spite of an epidemic of influenza which prevented public meetings and cost the people many millions of dollars in medical bills and lost time, and in spite, too, of the peace rumors that, in some instances, had a tendency to make the success of the loan seem less vital, some 21,000,000 of the American people offered to the Government $6,866,416,300. . . .

(Continued in Back Advertising Section, on Page 26)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By F. N. Scatena, M. D.
Secretary-Treasurer

Board Proceedings

The Board of Medical Examiners, in conformance with its established policy of aiding the War effort by expediting the licensing of physicians and surgeons, is holding frequent written and oral examinations. An additional written examination is set for January 4 to 6, 1944. This examination will be held at Native Sons Hall, San Francisco, and applications therefor must be on file in the Sacramento office of the Board at least two weeks in advance of the examination date.

An oral examination will be conducted in the Board office, 515 Van Ness Avenue, San Francisco, on January 20, 1944, at 10 a. m. The oral examinees include doctors from other states or territories of the United States who have been licensed in their home state for more than ten years, and are required by the Business and Professions Code of this State to pass an oral examination.

The next regular meeting of the Board, at which administrative business will be transacted, written examinations held, legal hearings for revocation of licenses, as well as hearings on petitions for restoration of revoked licenses, termination of probation, etc., will be held at the Elks Club, Los Angeles, February 7 to 10, 1944.

It is the belief of the Board of Medical Examiners that, by holding frequent written and oral examinations, they avoid a long waiting period for applicants, both recent graduates and reciprocity candidates, from other States. This policy facilitates early licensure of candidates, but in no way lowers the high standard of medical licensure for which California is noted throughout the United States.

News

"High praise of Bay area facilities for the care of crippled children was voiced here today by Dr. Allen Voshell, orthopedic consultant of the Children's Bureau of the U. S. Department of Labor. 'No child need go without proper care in the Bay area,' he declared, after inspecting hospitals and other facilities, and conferring with physicians on both sides of the Bay. 'Children in this area are indeed fortunate, for there is no waiting list and no need for any delay in the treatment of crippled children or those in danger of becoming crippled, as there are in other parts of the country.'" (San Francisco *News*, November 5, 1943.)

"A plan to provide medical and hospital service for farmers and their families was announced today by the Farm Security administration offices in Riverside, which serves San Bernardino County also, having been developed through the California Physicians' Service, representing more than 5,000 California doctors, 102 of whom practice in San Bernardino County. . . . Any farm family in California whose annual net income is $2,000 or less may join. . . ." (San Bernardino *Telegram*, October 20, 1943.)

"With one-third of its 1,187 members in the uniform of their country, many of them on battlefields, the San Francisco County Medical Society on Sunday celebrated the golden jubilee of its organization. Seventy-five years ago, on November 7, 1868, five san Francisco physicians and

(Continued in Back Advertising Section, on Page 32)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.

two short cuts in URINALYSIS

Galatest (DRY REAGENT FOR URINE SUGAR)

Time involved—30 seconds!

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Acetone Test (Denco) detects the presence or absence of acetone in urine in one minute. Color reaction is identical to that found in the violet ring tests and equally easy to differentiate. A trace of acetone turns the powder light lavender—larger amounts to dark purple. Acetone Test (Denco) is available in vials containing enough powder for over 125 complete tests, also in combination kits with Galatest.

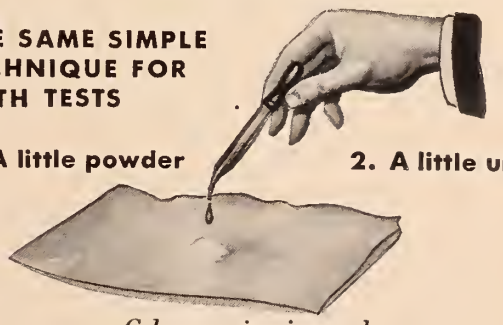
Accepted for advertising in the Journal of the American Medical Association



A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available. This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. The handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply houses.



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THEX

For Parenteral treatment and Prophylaxis of Vitamin B deficiencies.

Each one c.c. THEX represents:

Thiamine HCl	33 Mgms.
Riboflavin	1 Mgm.
Pyridoxine HCl	1 Mgm.
Pantothenic Acid	1 Mgm.
Nicotinamide	10 Mgms.

Chlorobutanol 0.5%

Available in 10 c.c. and 30 c.c.

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THEX Capsules of Vitamin B Complex are a completely digestible product prepared from an extract of both liver and yeast, of exceptionally high Vitamin content, and to which has been added small amounts of pure, crystalline vitamin materials.

THEX Capsules contain all of the known factors of the Vitamin B Complex as natural to both liver and yeast, and are intended for supplementary use in the prophylaxis and treatment of Vitamin B deficiencies. (THEX Capsules with Vitamin "C" may be used where a deficiency may be suspected of both Vitamins B and C, which is sometimes found, due to their similar natural occurrence.)

THEX Capsules are presented in three formulae, in packages of 50's, 100's and 500's.

Capsules THEX
Each contains:

Thiamine HCl	6 Mgm.
Riboflavin	1 Mgm.
Pyridoxine HCl	½ Mgm.
Ac. Pantothenic	½ Mgm.
Ac. Nicotinic	5 Mgm.

Item No. 54

Capsules THEX with Nicotinic Acid
Each contains:

Thiamine HCl	10 Mgm.
Riboflavin	1 Mgm.
Pyridoxine HCl	½ Mgm.
Ac. Pantothenic	½ Mgm.
Ac. Nicotinic	35 Mgm.

Item No. 55

Capsules THEX with Vitamin "C"
Each contains:

Thiamine HCl	10 Mgm.	Ac. Pantothenic	½ Mgm.
Riboflavin	1 Mgm.	Ac. Nicotin. Amide	25 Mgm.
Pyridoxine HCl	½ Mgm.	Ac. Ascorbic	25 Mgm.

Item No. 60

Suggested Dosage: For use only by, or on the prescription of a physician.

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Manager

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TWENTY-FIVE YEARS AGO

(Continued from Text Page 44)

EXCERPTS FROM ORIGINAL AND OTHER ARTICLES

From an Article on "The Treatment and Laboratory Control of Diabetes," by Lovell Langstroth, M. D., San Francisco.—Recently there has been established in the new Hospital Building of the University of California Medical School a laboratory for the study of chemico-clinical problems, and it has been my privilege to have the work on diabetes under my care. In view of the importance of this work, and the fact that it is a relatively new venture on the Pacific Coast, I have ventured to discuss before you a few of its interesting phases, and to outline the manner in which we follow the progress and treatment of diabetes in the laboratory. It should be explained that such work requires a large chemical laboratory equipped, in addition, with such special chemicals and glass apparatus as are required. We have found the work so time-consuming that it has required almost the entire labor of a technical assistant to carry on the work for two or three patients, but are convinced that, with greater experience, it will be possible to carry on as many as six patients with the same help. . . .

From an Article on "The Karell Cure Revived," by Nathaniel Bowditch Potter, M. D., Santa Barbara, Cal.—From time immemorial some type of more or less complete starvation has been resorted to, in order to preserve failing bodily functions, and has even been made an integral

(Continued on Page 28)

I WANT TO GROW

WITH

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GROWTH MEANS FOOD—in fact, growth *is* food in living, transmuted form.

CEREVIM is an excellent source of nourishment furnishing proteins, carbohydrates and fats essential to normal growth (108 calories per ounce). It was the first infant cereal food to provide in a single 1 ounce serving, the complete recommended daily allowances of vitamins and minerals.

	Thiamine	*Riboflavin*	*Niacin*	*Iron*	*Calcium*
1 oz.	0.6 mg.	0.9 mg.	6.0 mg.	7.5 mg.	220 mg.
2 oz.	1.2 mg.	1.8 mg.	12.0 mg.	15.0 mg.	440 mg.
3 oz.	1.8 mg.	2.7 mg.	18.0 mg.	22.5 mg.	660 mg.

The percentages of essential amino acids in CEREVIM closely parallel the percentages considered essential in the daily diet.

Cerevim Is Unrationed!

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Moisture-resistant, wax-sealed package with handy pouring spout.

PACKAGES—½ and 1 pound

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So are ordinary general collection methods in the successful handling of professional accounts.

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Be happy, prosperous and UP-TO-DATE by using . . .

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A small select sanatorium for the treatment of Tuberculosis and other chest diseases.

Each patient receives individual study and care. The referring physician receives regular clinical reports.

Climate is ideal. Located at 1,000 ft. elevation, 6 miles east of San Jose, overlooking the Santa Clara Valley. A folder will be sent on request.

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Cabot Brown, M.D., San Francisco
J. Lloyd Eaton, M.D., Oakland
Gerald L. Crenshaw, M.D., Oakland
Philip H. Pierson, M.D., San Francisco
Glenroy N. Pierce, M.D., San Francisco
Ina Gourley, M.D., Oakland

TWENTY-FIVE YEARS AGO

(Continued from Page 26)

part of the prescribed observances in more than one great religion. Biological support of the value of fasting has been adduced by many authors, in the hibernation of bears and the summer sleep of crocodiles. The grape cure employed for so many disorders, Naunyn's "green days," and more recently Allen's fasting period of diabetes, as well as Widal's salt restriction in nephritis, may well be compared with the Karell Cure, largely employed in heart disease; for this last-mentioned diet represents in its essentials a starvation both of food and of liquid. Excepting in a limited number of clinics and by a few physicians, we have until quite recently almost forgotten the well-proved value of this last-named cure. Its revival has been justified by its success. . . .

From an Article on "Abdominal Cesarian Section: Indications and Technique," by Lyle G. McNeile, M. D., Los Angeles.—There is no surgical operation in which is shown more clearly the triumph of modern surgical technique than in abdominal cesarian section, or celiohysterotomy. Prior to the beginning of the sixteenth century there is no authentic history showing that the operation was performed on the living woman. From this time until the development of the Porro operation in 1876, a comparatively large number of cesarian sections were performed, with a maternal mortality varying from 50 per cent to 100 per cent It is interesting to note that throughout this period, in the

(Continued on Page 30)

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Solution in ampuls of 1 cc., boxes of 5, 25 and 100; ampuls of 2 cc., boxes of 10, 25 and 100.

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Sokolow & Chamberlain (Annals of Internal Medicine, February, 1943) state:

"According to our clinical study, the most obvious benefit of Cedilanid is derived from its intravenous use in urgent cardiac failure or when rapid, accurate dosage is desired. Its uniform potency and its purity allow greater confidence in giving large intravenous doses. The increased absorption of oral Cedilanid may prove important."

R. M. Tandowsky (American Heart Journal, October, 1942) states:

"The average time required for the development of maximal RS-T segment changes in the controls of this study after the administration of 1.6 mg. of lanatoside C intravenously was 27.5 minutes as compared to six hours and fifteen minutes after giving 16 grains of digitalis purpurea by mouth.

"In the presence of congestive failure, the intravenous administration of lanatoside C produced the maximal alteration of the RS-T segment within two to three hours, which was eleven to twelve hours sooner than when digitalis purpurea was given orally.

"Our observations indicate that lanatoside C will prove to be a valuable drug in the treatment of congestive failure, especially when quick action is desired or when gastrointestinal symptoms are troublesome."

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Tablets, each containing 0.5 mg. of Lanatoside C
Ampules, 4 cc (i.v.) and 2 cc (i.m.)

Literature on request

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PHYSICIANS HEALTH ASSOCIATION

400 First National Bank Building OMAHA 2, NEBR.

TWENTY-FIVE YEARS AGO

(Continued from Page 28)

performance of the operation, there was no attempt made to control hemorrhage; and while the use of sutures had been advocated by Lebas in 1769, their routine use was not adopted until the development of the Sanger operation. . . .

From an Article on "Drugs in Their Local Application to Ear, Nose, and Throat Treatment," by Harvard Y. McNaught, M. D., San Francisco.—A paper on this subject must necessarily confine itself largely to generalities, as a detailed consideration of the many agents employed would require more time than would be allowed. As a foreword it may be said that these remarks, in the main, are intended for the general practitioner, though we, as specialists, are not entirely beyond reproach in the misuse of drugs in our work. In the early days of our specialty, before much was known concerning the anatomy of these parts, and the etiology and pathology of ear, nose and throat diseases, treatment was necessarily directed more to the relief of symptoms than to the permanent cure of disease. Our knowledge of the nature of the diseases of these parts is, today, not far from complete, and so our methods of treatment have, or should have changed. . . .

Excerpt From the Department of Industrial Medicine: Results of Growth of Industrial Medicine.—Big business appreciates already, to a surprising degree, the economic benefits to be derived from expansion of industrial medicine and surgery. A like appreciation is rapidly permeating the entire world of business and industry. It pays to take care of the worker. Preventive medicine pays in industry. These are established facts. It is just as important and profitable to maintain the human machine at full efficiency as it is to maintain any other machine at full efficiency. . . .

(Continued on Page 32)

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is only part of the question!

Far more important than "How many cigarettes do you smoke?" may be the question, "How irritating is your cigarette?"

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**Facts from: Proc. Soc. Exp. Biol. & Med., 1934, 32, 241-245; N.Y. State Jrnl. of Med. Vol. 35, No. 11,590; Arch. of Otolaryngology, Mar. 1936, Vol. 23, No. 3,306*

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Resident Medical Staff

TWENTY-FIVE YEARS AGO

(Continued from Page 30)

Workmen's Compensation Laws.—Compensation legislation in the United States has developed in the last few years. The first permanent laws were enacted in 1911 by Washington, Kansas, and Wisconsin. Since then a total of thirty-seven states and three territories have followed suit, in addition to the federal compensation acts of 1908 and 1916. Workmen's compensation for loss of working time has thus become a well-established principle, and is an economic fact with which every physician, directly or indirectly, is concerned. The compensation States comprehend about 77 per cent of the persons gainfully employe in the United States, including practically all of the so-called industrial States. . . .

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 44)

surgeons organized this society. Its history has been one of community helpfulness. . . ." (San Francisco *Examiner,* November 8, 1943.)

"The Army and Navy have just announced that they require 7,000 additional doctors by December 31, 'to insure even minimum care of of the wounded.' How superb is the treatment given our disabled is cleverly demonstrated by these heretofore unprinted facts: Although many of the injured suffer complications from tropical diseases, only 2½ per cent succumb. The Great War's mortality rate was 8 per cent. Sixty per cent of those maimed on Guadalcanal have been returned to the line of duty. Never before

(Continued on Page 36)

CAMP ANATOMICAL SUPPORTS for NEPHROPTOSIS



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TOGETHER with treatment for any existing infection of the urinary tract, Camp Supports have proven valuable adjuncts in the relief of symptoms in many cases.

Camp-trained fitters have been instructed to consult the physician as to the position required for the fitting, if reclining or partial Trendelenburg. In the event that the physician desires the use of a pad, the fitter has been instructed to obtain information as to the type of pad to be used and to ask the doctor to mark on the garment or blue pencil upon the patient the exact location of the pad.

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Advantages of Camp Supports in Conditions of Nephroptosis:

1. The "lifting" power of Camp Supports is from below upward and backward.

2. Camp Supports are an aid in improving the faulty posture that sometimes accompanies renal mobility.

3. Camp Supports are easily and quickly adjusted.

4. Camp Supports stay down on the body by reason of the foundation laid about the pelvis.

5. Camp Supports are comfortable.

6. Camp Supports are economically priced.

Camp fitters ask patients to return to their physicians for approval of the fitting.



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The combination of the prompt and powerful local anesthetic action of procaine hydrochloride with epinephrine is very effective. With CHEPLIN'S PROCAINE HYDROCHLORIDE and EPINEPHRINE the period of anesthesia is prolonged through retarded absorption of the anesthetic. It also causes blanching of the operative area, thus giving the surgeon a clear field.

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The boy's are not.

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BOARD OF MEDICAL EXAMINERS

(Continued from Page 32)

in all military annals were such records made. . . ." (San Mateo *Times and Leader*, October 27, 1943.)

"The California Physicians' Service pointed out today that its industrial medical program, providing care for some 40,000 persons in the Bay area, is entirely separate from the Federal Public Housing Program and is in no way threatened with a change. California Physicians' Service is changing its plan for the housing projects because the high birth rate in these centers places too heavy a burden on its doctors. Obstetrical care is to be eliminated from California Physicians' Service care given at the housing projects." (San Francisco *News*, October 8, 1943.)

"With one of his asserted patients dead and another in a critical condition in the hospital, Karl Weberg, chiropractor, of 897 Fair Oaks Avenue, Pasadena, today was arrested on a complaint charging two counts of criminal operation. Weberg, who was convicted on a similar charge and sentenced to one to ten years in prison last spring, and is now free pending appeal, was arrested as a result of the death of Mrs. Mary Sorenson, 21, of 143 South Glendale Avenue, Glendale. Mrs. Sorenson, who, assertedly, made a death-bed statement to S. W. Brooks, special agent for the State Board of Medical Examiners, allegedly declared that she and a woman friend went to Weberg for an illegal operation about ten days ago, paying $75 each. Both became ill afterward. The friend is in a hospital in Long Beach, reportedly near death. Mrs. Sorenson died at the General Hospital. Inquest into her death will be held at

(Continued on Page 40)



Fast administration—a dose is delivered in 30 seconds.



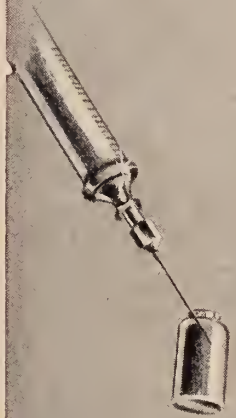
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Well-tolerated — fewer gastro-intestinal upsets—full doses can often be given to patients intolerant to the arsphenamines.

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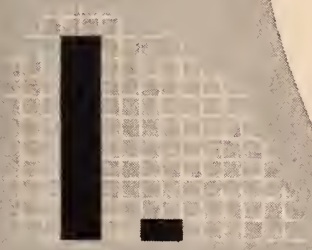
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No waiting for preparation of the solution—it is immediately soluble in the ampoule.

When arsphenamines are taken into the body, it is believed that approximately one-tenth of the amount administered is converted into arsenoxide. To this oxidized product, rather than to arsphenamines themselves, investigators attribute the spirocheticidal action of these drugs. MAPHARSEN*is meta-amino-para-hydroxyphenyl arsine oxide (arsenoxide) hydrochloride which offers an effective antisyphilitic therapy . . . a form that causes rapid disappearance of spirochetes and prompt healing of lesions . . . and one that has facilitated development of the highly-effective, modern types of antisyphilitic treatment.

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Represents only approximately 1/10th the arsenic dosage of the arsphenamines.

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Fluid Depletion	Sodium Chloride
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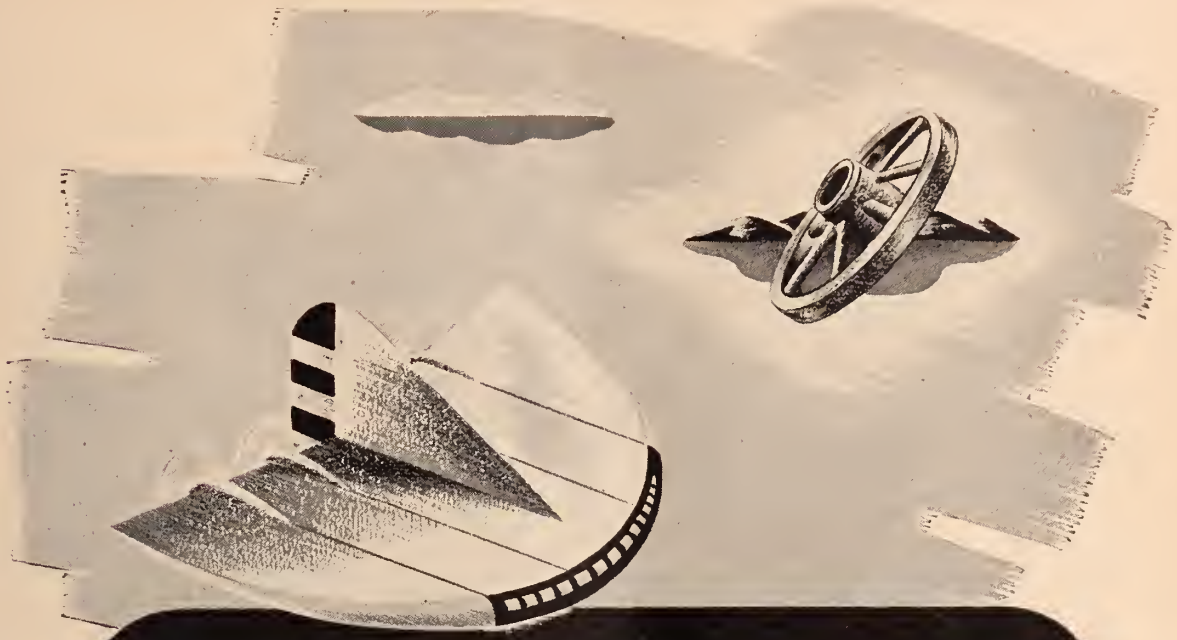
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BOARD OF MEDICAL EXAMINERS

(Continued from Page 36)

1:30 p. m. Wednesday." (Los Angeles *Herald-Express*, November 22, 1943.)

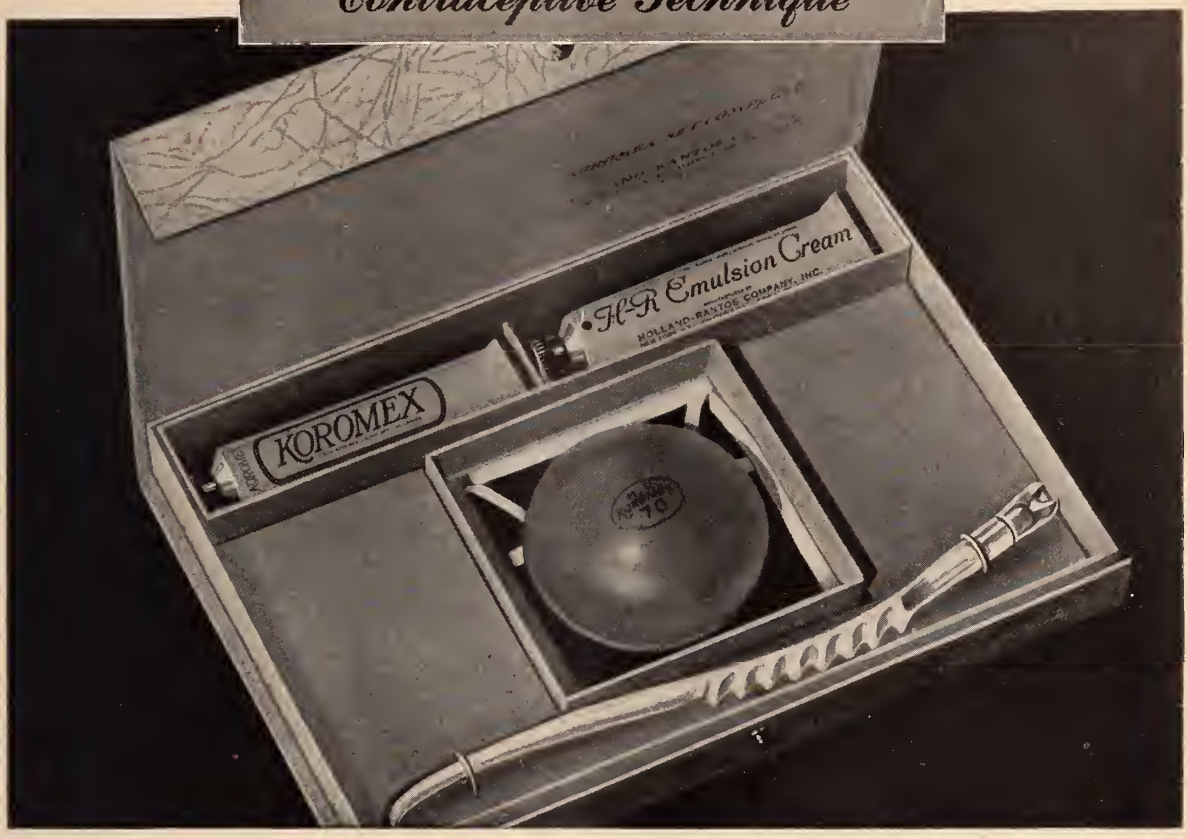
"Police Judge C. T. Walton yesterday afternoon sentenced George A. Ericson, 43, of 826 Fulton Street, a local packing-house worker, to five months in the Fresno County Industrial Road Camp as one of the terms of six months' probation. Ericson represented himself to be a physician and prescribed a diet for a patient. The patient was J. W. Williams, agent of the State Medical Board, who said Ericson outlined a diet consisting of turnips, beets, spinach, any kind of greens, buttermilk, and sauerkraut juice, after Williams asked for advice in the treatment of stomach ulcers. . . ." (Fresno *Bee*, November 2, 1943.)

"Approximately 100 grains of morphine were taken from the office of Doctor Cochran some time between 11:30 p. m. Saturday and 4:30 p. m. Sunday. Under arrest in Santa Ana, on suspicion of having some connection with the theft, was a man who had given Doctor Cochran the name of Paul Laird, Doctor Cochran said the man had visited his office a few times in recent weeks saying he lived in Placentia, was suffering from kidney stones and wished an opiate to deaden his pain. Sheriff's officers found the man at Costa Mesa. The charge on which he was arrested was that of giving a name other than his true name to obtain a prescription containing a narcotic." (Yorba Linda *Star*, October 22, 1943.)

"Second Lieutenant Edward F. Eckman, 22, Signal Corps officer from Camp Pinedale, lay in the General Hos-

(Continued on Page 42)

A complete unit for Approved Contraceptive Technique



"THE KOROMEX SET COMPLETE"

Koromex Set Complete* is an attractively packaged unit containing the important items used for approved contraceptive technique. Identified by a removable label. To order or prescribe, merely write, "Koromex Set Complete, Diaphragm Size——".

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KOROMEX DIAPHRAGM—Widely accepted as the outstanding diaphragm in use today. Durable. GUARANTEED FOR 2 YEARS.

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* *Price of Koromex Set Complete is only that of the Koromex Diaphragm and Koromex Trip Release Introducer*

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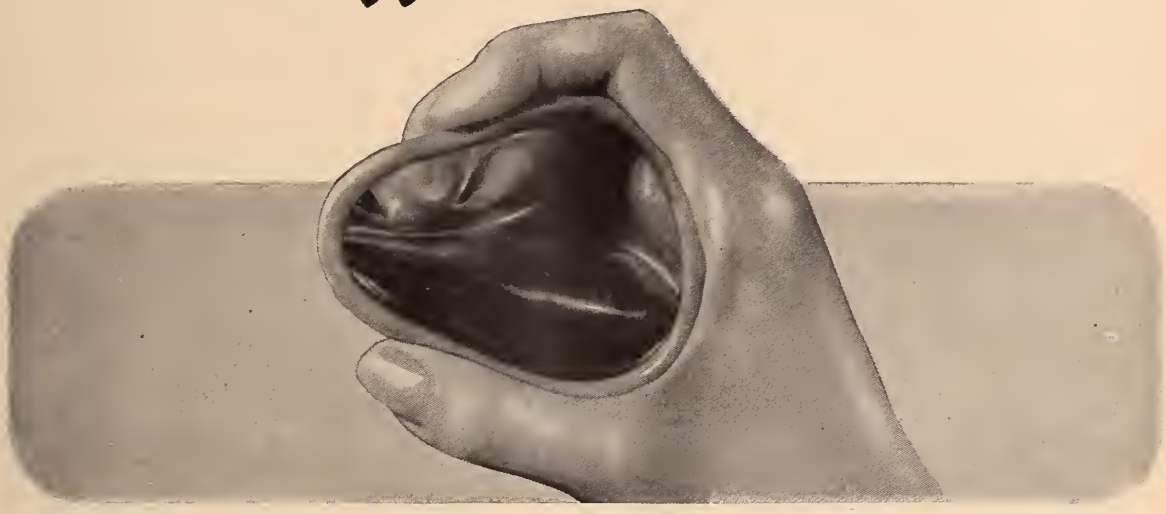
(Continued from Page 40)

pital here today as a formal complaint charging him with attempted extortion was filed by Dr. G. Carl H. McPheeters, Fresno physician. Lieutenant Eckman was ambushed last night by Sheriff's deputies as he picked up a bag supposedly containing $2,000 in extortion money at an outlying railroad crossing. . . . The trap, set by the District Attorney's office and the Sheriff's deputies, followed the receipt of a letter by Doctor McPheeters demanding that $2,000 be placed in a paper bag ten feet from the Palm Avenue railroad crossing north of the city. In the note was a threat to expose the doctor for 'illegal practice' if he didn't comply. . . ." (San Francisco *Chronicle*, November 18, 1943.)

"Charged with practicing medicine without a license, Rudolph von Urban, consulting psychologist to the county juvenile department, pleaded not guilty yesterday at his arraignment in Judge Ray Baugh's court in Monterey and demanded a jury trial. . . . The complaint was filed by J. W. Williams, special agent for the State Medical Examiners. Von Urban, a resident of Carmel Highlands, first brought down the ire of local doctors when, over a year ago, on the occasion of his appointment to the county juvenile department as psychiatrist (title since changed to psychologist), he stated, in an interview with the Pine Cone Cymbal, that unhappy marriages lead men to drink and that, like drinking, all noncontagious maladies, such as asthma, hay fever or cancer, originate, in part, in mental upset." (Carmel *Pine Cone*, November 8, 1943.)

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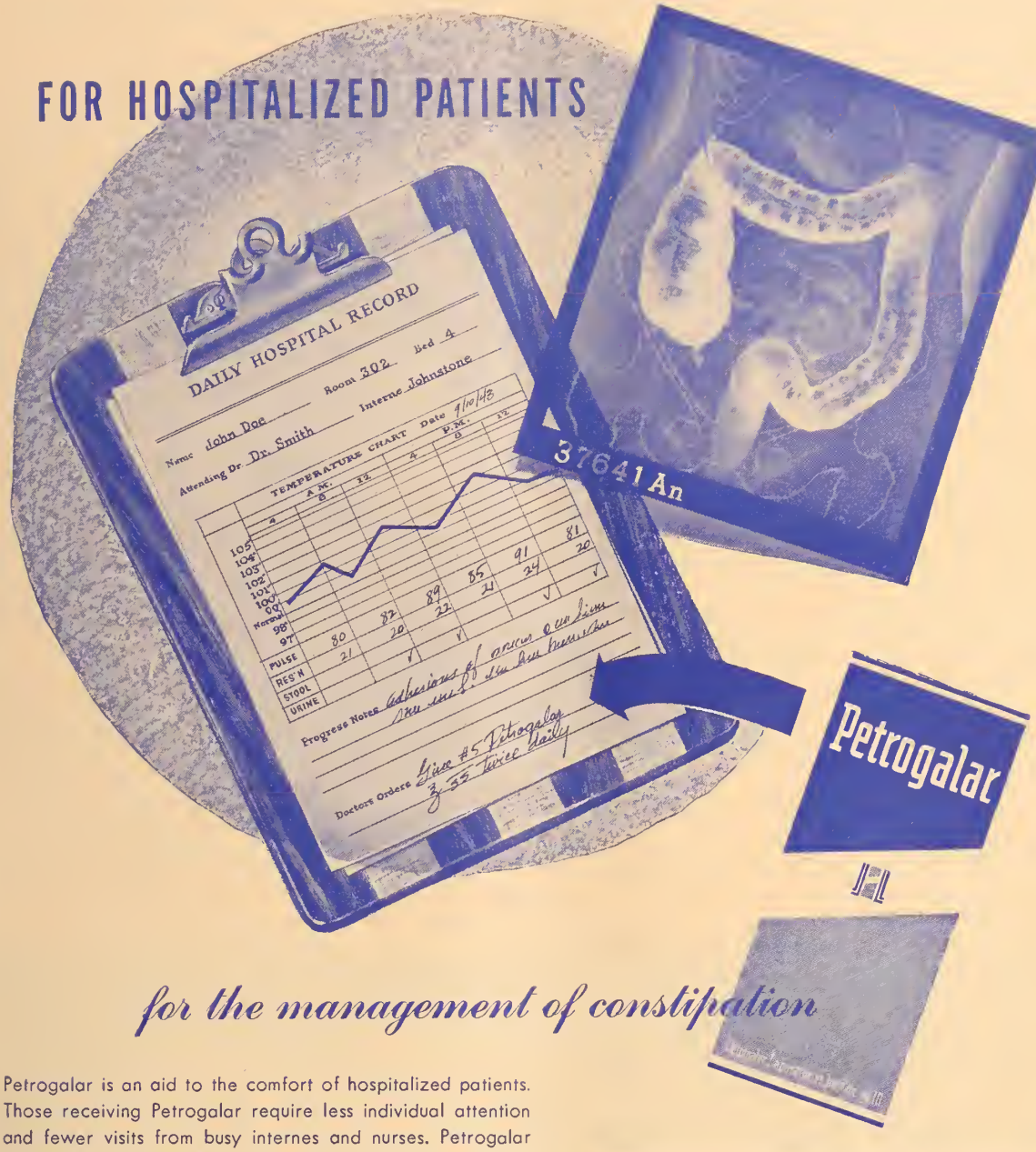
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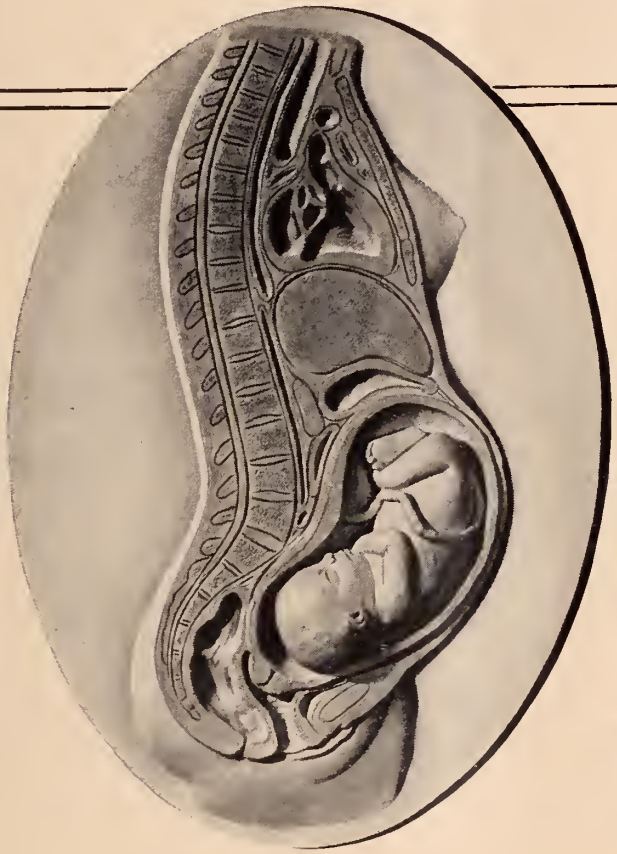
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Secretary, Harrison Eilers, Box 360, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

San Mateo County Medical Society
President, William A. Key, 23 Second Avenue, San Mateo.
Secretary, Logan Gray, 57 Fourth Avenue, San Mateo.
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Siskiyou County Medical Society
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Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

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President, Frank L. Doane, Red Bluff.
Secretary, R. G. Frey, Red Bluff.
Meeting, *At Call of President.*

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President, Karl F. Weiss, 222 West Willow Street, Visalia.
Secretary, Frank R. Guido, 310 W. Willow Street, Visalia.

Ventura County Medical Society
President, A. H. Stoll, 329 North Fifth Street, Oxnard.
Secretary, Gerald K. Ridge, 704 East Santa Clara Street, Ventura.
Meeting, *Second Tuesday, Ventura County Country Club.*

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Secretary, Emery Leivers, Woodland Clinic, Woodland.
Meeting, *First Wednesday.*

Yuba-Sutter-Colusa County Medical Society
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(Continued from Page 3)

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In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the libraries of the following institutions:

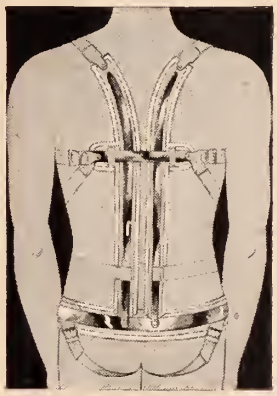
University of California Medical Library, Medical Center, San Francisco. Phone MOntrose 3600.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco. Phone WEst 8000.

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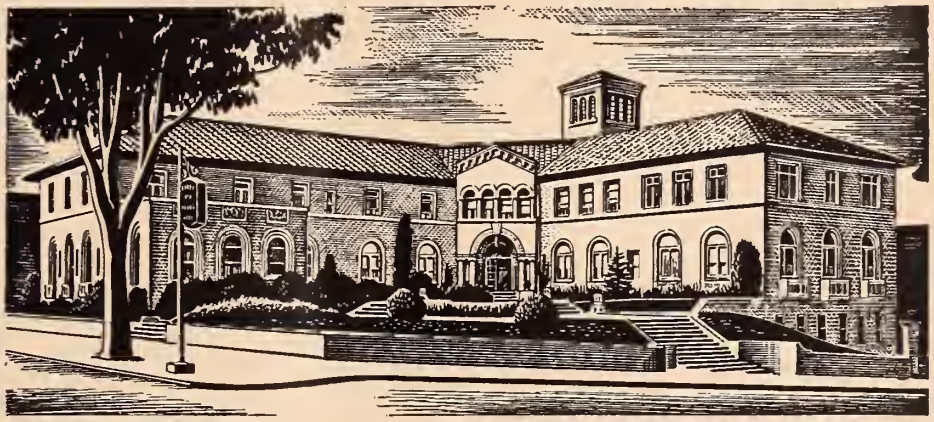
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Office Treatment of the Nose, Throat, and Ear. By Abraham R. Hollender, M.Sc., M.D., F.A.C.S. Associate Professor of Laryngology, Rhinology and Otology, University of Illinois College of Medicine; Otolaryngologist, Research and Educational Hospitals, Chicago, Illinois. Cloth. Price, $5. Pp. 480, illustrated. Chicago: The Year Book Publishers, Inc., 1943.

The Arthropathies. A Handbook of Roentgen Diagnosis. By Alfred A. de Lorimier, A. B., M. A., M. D.; Colonel, Medical Corps, United States Army; Commandant, The Army School of Roentgenology, Memphis, Tenn. Formerly Director, Department of Roentgenology, Army Medical School, Washington, D. C. Cloth. Price, $5.50. Pp. 319, illustrated. Chicago: The Year Book Publishers, Inc., 1943.

The 1943 Year Book of Industrial and Orthopedic Surgery. Edited by Charles F. Painter, M. D., Orthopedic Surgeon to the Massachusetts Women's Hospital and Beth Israel Hospital, Boston. Cloth. Price, $3. Pp. 440. Chicago: The Year Book Publishers, Inc., 1943.

BOOK REVIEWS

Women Healers in Medieval Life and Literature. By Muriel Joy Hughes. Published November 10, 1943, by Kings Crown Press, 2960 Broadway, New York, 27. Pp. 180. Price, $2.

In a systematic classification of the various kinds of healers (practicing physicians and surgeons, nurses, midwives, royalty and secular practitioners) gained after an intensive study of history and literature, Miss Hughes presents a comprehensive picture of the women healers of the

(Continued on Page 10)

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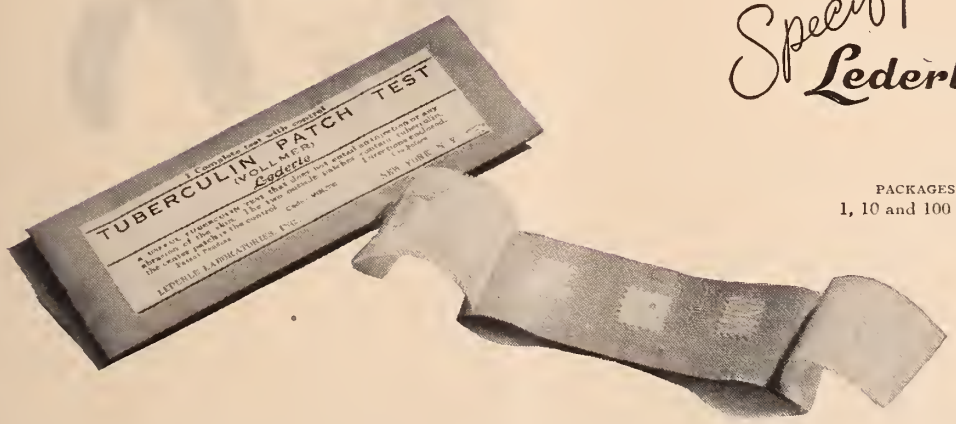
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BOOK REVIEWS

(Continued from Page 7)

twelfth to the sixteenth centuries, and of the laws of practice of the times.

She writes of Princess Anna Comnena of eleventh century Greece; Queen Isolt, the healer of Tristam, the most renowned healer in fiction; Amable, whose remedies for the treatment of Lancelot's snake bite caused him to lose his golden locks; Christine de Pisan of the fourteenth century; the Poston women—landed gentry of fifteenth century England, particularly of Margaret, who grew herbs and concocted her own remedies because "fysissyans" could not cure her "fadir in law" and her "onkyl"; and Nicolette, who reduced Ancassin's shoulder.

The Guinert sisters, who in "Le Roman de la Violette" performed debridement on the wounds of Erec before applying wines and plasters! Costanza Calenda and Maestra Antonia, who possessed medical degrees in the fourteenth century though most European universities refused to be co-educational and the women had to learn "scientific" medicine from the men students and from their medical relatives. The Paris census of 1292 registered eight women physicians. Salerno and Montepelier Universities were educating women. Trotula describes obstetrical and gynecological procedures in the *De Passionibus Mulicbrium* accredited to her. Alesandro Giliam of the same century, the earliest recorded female prosector and assistant to the great dissector, Mundinus de Luzzi, died in 1326 at the age of 19, "consumed by her labors."

Hersend, who accompanied Louis IX to the Holy Land in 1249, was rewarded with twelve Parisian denarii daily for life. Hildegard, the abbess of Rupertsberg; Agnes,

(Continued on Page 14)



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Army-Navy "E" for Dried Blood Plasma Production.—Sharp & Dohme, originators of the process by which dried blood plasma is made, and sole manufacturers of the first nine months' supply of this vital material for the United States armed services, were awarded the Production Army-Navy "E" for the second time on Saturday, October 16.

In a letter to the workers at the Philadelphia plant and Glenolden laboratories of Sharp & Dohme, Robert P. Patterson, Under-Secretary of War, stated: "You have continued to maintain the high standards that you set for yourselves six months ago. . . . The White Star, which the renewal adds to your Army-Navy Production Award flag, is the symbol of appreciation from our armed forces for your continued and determined effort and patriotism."

Plasma, surgery and sulfa drugs have been officially credited, in that order, with the spectacular reduction of mortality among our wounded in this war. During the North African campaign, 97 per cent of our wounded survived, while during the First World War only 82 per cent recovered.

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BOOK REVIEWS

(Continued from Page 10)

Princess of Bohemia, who founded a nunnery with hospital for the poor and sick of Prague rather than marry Frederick the Second; Queen Elizabeth of Hungary, who was canonized for her acts of mercy—of these practitioners and many others, Miss Hughes gives bibliography to show that what imaginative literature describes has a foundation of fact in that women were practicing medicine, surgery and obstetrics, and that many women doctors practiced academic medicine in spite of handicaps. Students of the history of medicine and present-day women practitioners will find much of interest in this latest history of medical practice. E. M. H.

Dr. Colwell's Daily Log for Physicians. A brief, simple, accurate Financial Record for the Physician's Desk. Cloth. Champaign, Illinois: Colwell Publishing Company, 1944.

This excellent Daily Log presents the following divisions: In the front of the book: 1. Title Page; 2. Calendar; 3. Instructions for Use; 4. Illustrated Forms. Daily pages. Following each month: 1. Inoculations; 2. Business Summary; 3. Expense Sheet One; 4. Expense Sheet Two; 5. Personal Account; 6. Surgical Record; 7. Narcotics; 8. Social Security Taxes—Appointments; 9. Utility Record Sheet. In the back part of the book: 1. Obstetrical Waiting List; 2. Notifiable Diseases; 3. Annual Summary; 4. Record of Deaths; 5. Nonprofessional Deductions.

A life spent worthily should be measured by a nobler line—by deeds, not years.

—Sheridan, *Pizarro*. Act. iv, sc. 1.



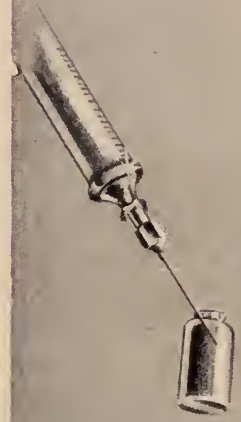
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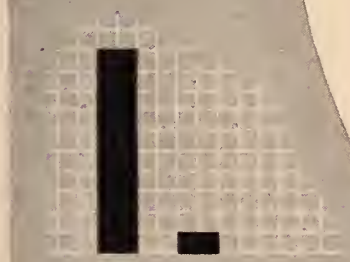
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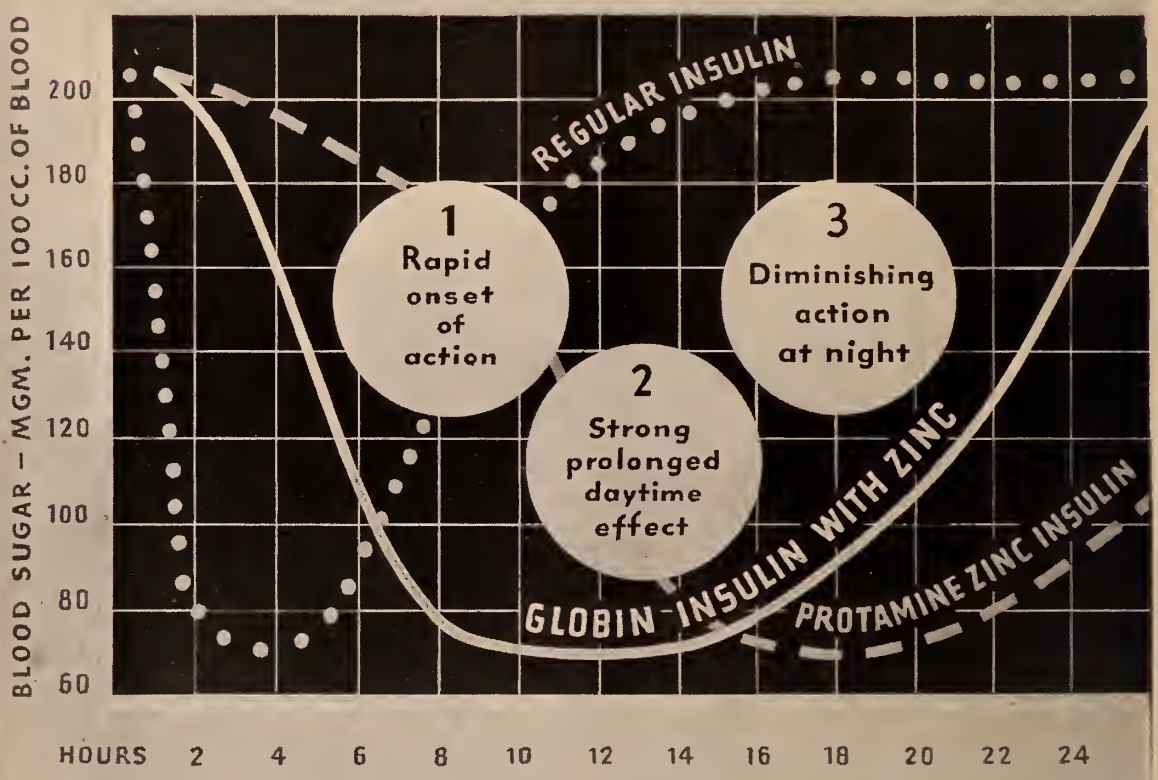
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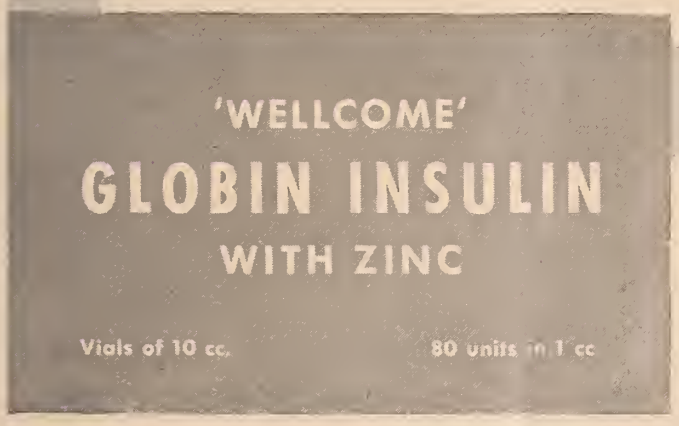
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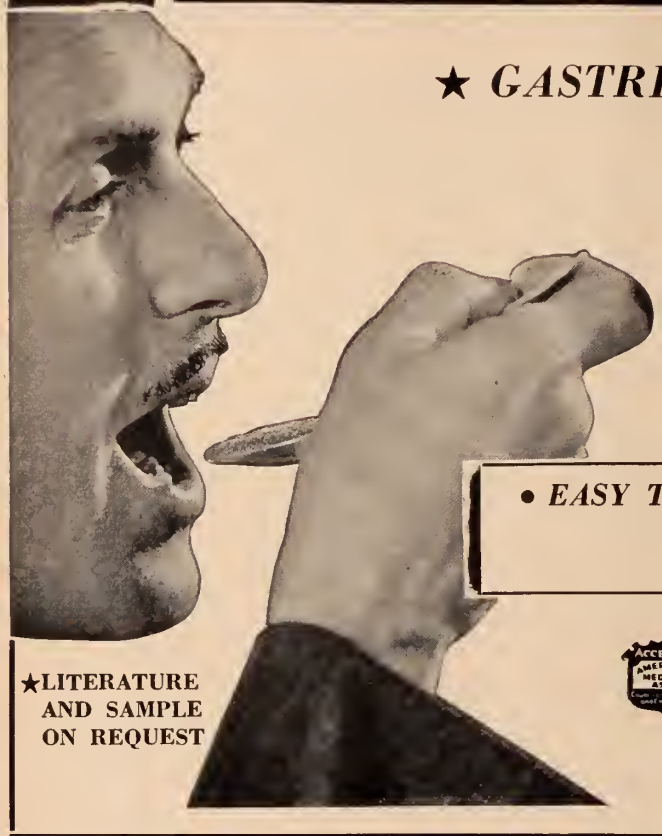
*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, Am. J. Dis. Child. 66:1-11, July 1943.

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TWENTY-FIVE YEARS AGO

(Continued from Text Page 88)

to coöperate with the United States Public Health Service in its campaign to control venereal infection among the civilian population. A letter from Surgeon-General Rupert Blue has been mailed to them, together with a pledge of coöperation which each druggist is asked to sign and return. A certificate evidencing his coöperation with the Government in this campaign will then be mailed to the druggist, together with literature to hand to persons who call, without a physician's prescription, for preparations commonly confined to the self-treatment of venereal disease. . . .

Editorial Comment.—Of 327 cases of smallpox in California in 1917, five had been vaccinated within the preceding seven years, 30 had been vaccinated more than seven years previously, 260 had never had a successful vaccination, and in 32 the history was uncertain or not obtained.

A warning is being issued by the California Tuberculosis Association to avoid so-called cures for the influenza and tuberculosis. In a recent communication from the National Tuberculosis Association it is stated that not less than $20,000,000 is invested in the business of manufacturing and exploiting fake consumptive cures.

This blood money is yearly wrung from the people who

(Continued on Page 22)



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from birth until weaning

SIMILAC approximates breast milk in all essential respects including its mineral balance, and gives uniformly good results. It is conveniently prepared. *One* level tablespoon of the Similac powder added to each *two* ounces of water makes two fluid ounces of Similac.



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Riboflavin	1 Mgm.	Riboflavin	1 Mgm.
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Ac. Pantothenic	½ Mgm.	Ac. Pantothenic	½ Mgm.
Ac. Nicotinic	5 Mgm.	Ac. Nicotinic	35 Mgm.
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Each contains:

Thiamine HCl	10 Mgm.	Ac. Pantothenic	½ Mgm.
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Pyridoxine HCl	½ Mgm.	Ac. Ascorbic	25 Mgm.

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TWENTY-FIVE YEARS AGO

(Continued from Page 20)

need better living conditions, more nourishing food, less financial worry, and more rest. . . .

EXCERPTS FROM ORIGINAL AND OTHER ARTICLES

From an Article on "Rattlesnakes: Their Venom and Antidotes," by Saxton Pope, M. D., San Francisco.—Rattlesnakes are sufficiently common to render them quite interesting. It is true that very few persons in this country are bitten and that the mortality is only 12 per cent. The possibility, however, of being among the 12 per cent lends a touch of dramatic feeling to the situation. In India the mortality from cobra bite amounts to 20,000 annually. Of course the rattlesnake is not the only venomous reptile in America. We have the copperhead, the water moccasin, the coral snake, and the Gila monster. The first two are far less venomous than the rattler, and the last two seldom bite unless handled. . . .

From an Article on "Diagnosis and Treatment of Glandular Obstruction at the Neck of Bladder," by Louis Clive Jacobs, M. D., San Francisco.—There are certain glandular enlargements within the posterior portion of the sphincteric orifice of the bladder that produce anatomical changes. In the last few years a number of patients have present d themselves to me complaining of a similarity of symptoms. These were male cases ranging from the ages of thirty to sixty. . . .

(Continued in Back Advertising Section, Page 28)



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WHAT'S THAT?

*Now—a delicate brain job . . . then another . . . and another . . . to the tune of mortar fire . . . blast . . . shock! Steady . . . steady—easy now. "O. K. . . . clear the table! Next!" Operating . . . treating . . . night and day . . . Two hours sleep in seventy-two!**

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Yet that's just a side glance into a war doctor's life. When does he relax? Seldom, but that's when he's eager for a cheering smoke. Camel his likely choice—the fighting man's favorite**—for mildness, sheer good taste.

Friends, relatives in service? Remember them often—with a carton of Camels—the gift of gifts for service men!

*From actual experiences of U. S. doctors in war.



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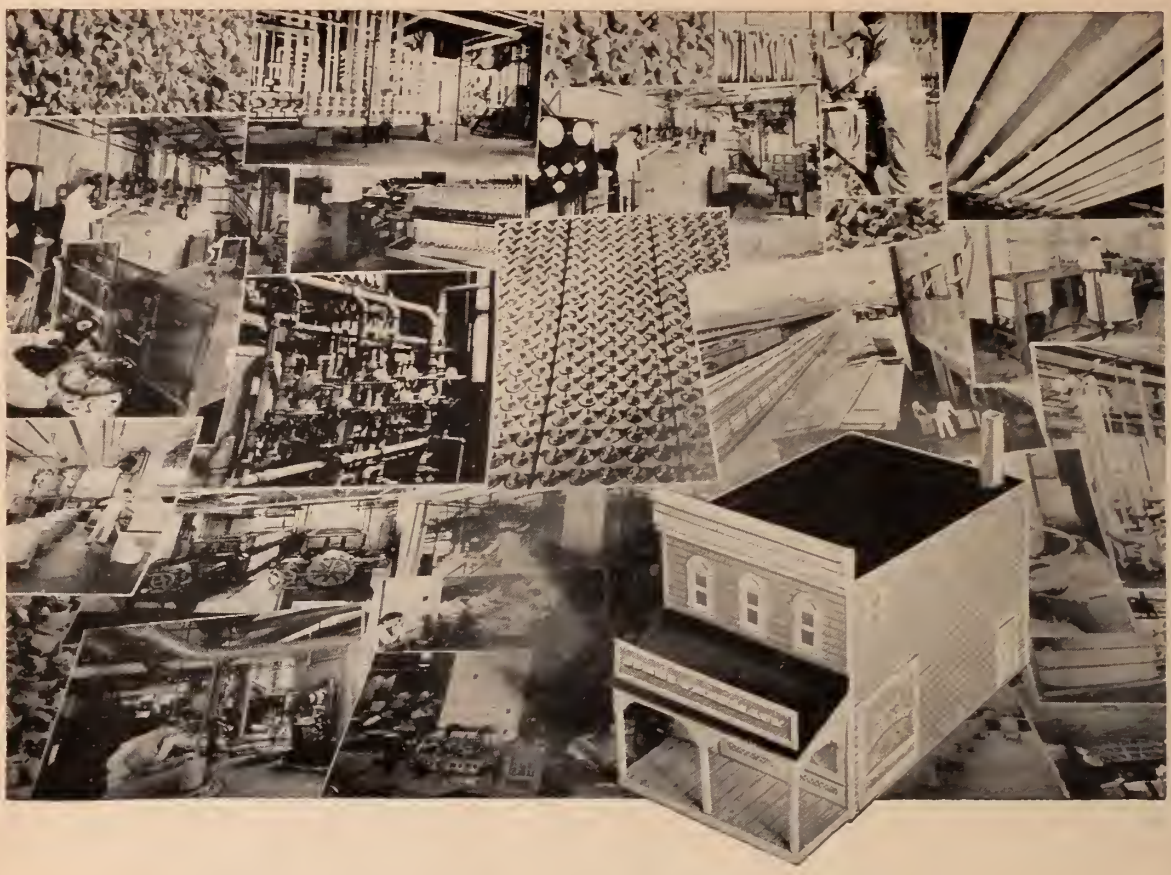
**With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)



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New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.



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CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 60 FEBRUARY, 1944 NO. 2

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Address editorial communications to Dr. George H. Kress as per address above. Address business and advertising communications to John Hunton.

EDITOR GEORGE H. KRESS

Editorial Board

Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C. M. A. department, see index below.)

Committee on Publications

F. Burton Jones	Vallejo	1944
Francis E. Toomey	San Diego	1945
George W. Walker (Chairman)	Fresno	1946
Secretary-Editor	ex officio	

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

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Change of Address.—Request for change of address should give both the old and new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

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Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

UNREST AMONG AMERICAN PHYSICIANS: SPONTANEOUS ESTABLISHMENT OF NEW MEDICAL AND PUBLIC HEALTH ORGANIZATIONS OF REGIONAL AND NATIONAL SCOPE

Existing Limitations of the American Medical Association.—Several years ago the Federal income authorities queried the American Medical Association and some of its constituent state associations concerning their taxation status. In particular, whether they were nonprofit "scientific societies," pure and simple—or whether, because of their activities in public health legislation and other matters, they should not more properly be classed as "business leagues." The American Medical Association maintained that it was a scientific organization, and its petition having received approval, it has been able to keep in its treasury many thousands of dollars that would otherwise have been paid to the Federal Government in taxes. The California Medical Association was one of the constituent state units that was practically obliged to submit to the business league classification in order to carry on its legitimate functions, and has been paying Social Security taxes on that basis.

These facts are stated because upon them is largely based the dilemma in which the medical profession of the United States—as represented in organized medicine by the national, constituent state and component county medical societies—now finds itself. It is a most serious situation, since the advancing trend toward national socialized medicine—with all the deplorable deficiencies that will then become operative in medical practice—cannot be stopped by a scientific association, which seemingly is not in position to take active part in legislative matters. Some of the legal phases were touched upon in the American Medical Association trial in the District of Columbia.

Because of its classification as a "scientific organization," the American Medical Association presumably cannot or does not engage actively in giving battle in Congress and elsewhere on proposed laws that may imperil the best interests of the public health and medical practice. Therefore, unfortunately, it seems unable to maintain in Washington, D. C., a bureau of information, where, through its representatives, it would be in better position to constantly contact Congressmen and departmental officials, and explain why certain proposed legislation would be detrimental to the

best interests of the people; nor can it use all the accepted similar ways and means that permit industrial, agricultural and other organizations to protect their respective interests.

During the past twenty years or so, the forces in back of socialized medicine programs have become so militant and powerful, that the lack of a resident bureau of information in Washington, to fight in protection of all the beneficent objectives for which scientific medicine stands, has seriously handicapped organized medicine. Today, in addition, the medical profession of the United States is faced with many new social welfare and political problems. These are most serious in their implications regarding the future nature and quality of medical practice and if not promptly recognized may lead to far-reaching legislation that will have disastrous consequences to future public health and medical standards.

* * *

Problems At Issue Are Well Known.—The above facts present nothing new to a host of officers and many members of national, state and county groups in organized medicine. In recent years, the minutes of the Houses of Delegates of both the American Medical Association and the State Associations have teemed with resolutions related to the above. Sometimes in the lines, and often between, may be noted the prevailing unrest and unhappiness of many physicians concerning the almost static attitude of organized medicine in Washington, in so far as the American Medical Association is concerned. As the proponents of plans to socialize medicine have become more active and vociferous in the promotion of their various programs, physicians who have kept in touch with what had been and is taking place, naturally have grown increasingly restless and critical concerning the practical inaction of organized medicine.

* * *

Spontaneous Formation of Nonstatic Organizations.—Consequently, it is not surprising that in different sections of the United States organized attempts should have spontaneously arisen, designed to bring about a betterment through procedures that would safeguard the public health and medicine. Concerning two of these recent groups, comment is made below, since their activities bear on what has been stated above.

* * *

California's Public Health League:

Members of the California Medical Association are well acquainted with the value of public health league organizations, embracing membership composed of physicians, dentists, pharmacists, nurses, and allied groups. California's original League came into existence in 1918, and carried on a successful battle against the attempt made at that time to foist a compulsory health insurance plan upon the State.

The present "Public Health League of California," organized as such in 1933, has been the medium through which later attempts to establish a compulsory health system in California also have been prevented. In the capitol at Sacramento, the present League has been the active agency through which much anti-public health legislation has been frustrated. Some of its story was briefly indicated in California and Western Medicine for December, 1943, on pages 302-304.

So convinced are the constituted authorities of the California Medical Association concerning the value of organizations made up of members from medical and affiliated professions and groups, that approval was given by the California Medical Association Council to send the League secretary, Mr. Ben Read, to Washington, with instructions to bring back a report on his observations. Mr. Read's and other reports received further approval through the California Medical Association Council's sanction of the plan to call a meeting of representatives of the eleven western state associations for discussion of organized medicine problems of mutual interest. The report of the first conference held in Salt Lake City on December 11, 1943, appeared in California and Western Medicine for January, 1944, on pages 27-32. Every member of the California Medical Association owes it to himself and his profession to scan those pages and familiarize himself with the plans proposed.

The California Medical Association Council, at a meeting held in San Francisco on January 23, 1944, after consideration of the reports submitted by the California Medical Association Committee on Public Policy and Legislation and other related reports presented at that time, took action as noted below.*

"Report of the Committee on Public Policy and Legislation:

"Dr. Dwight H. Murray, Chairman of the Committee on Public Policy and Legislation, submitted reports as follows:

"(*a*) On the visit of Mr. Ben Read, Secretary of the Public Health League of California, to Washington, D. C.

"(*b*) On the proposed Western States Public Health League, held by representatives of some of the constituent state medical associations, which met in Salt Lake City on December 11, 1943.

"Mr. Read, Secretary of the Public Health League, submitted a detailed report, giving much additional information.

"In the proposed Western States Public Health League, the quota of the California Medical Association, in relation to costs that would be involved in the maintenance of an office in Washington, D. C., for a period of twelve months, was discussed in detail by Councilors. After full discussion, on motion by Councilor Bruck, duly seconded, it was voted to approve the organization of the proposed Western States Public Health League and that funds to the amount of $18,000 be allocated to support the activities that had been outlined; with particular reference to the establishment of a medical bureau of information in Washington, D. C., through which it would be possible to in-

* Minutes of the 314th Council Meeting, held on January 23, 1944, will appear in the March issue of California and Western Medicine.

form members of Congress, and also the medical profession, concerning legislation related to public health and medical practice interests and standards."

* * *

United Public Health League.—At the second meeting, held in Salt Lake City on January 29, 1944, the tentative name, "Western States Public Health League," was changed to "United Public Health League." A statement of the principles adopted at that meeting follows:

STATEMENT OF PRINCIPLES

Believing that the public health and welfare of the people of the United States demand that the medical profession promote a closer coördination between the profession and all branches of the Federal Government; and

Believing that Federal legislators and officials are not being kept adequately informed of the problems inherent in the furnishing of adequate medical care and the maintenance of high professional standards, we the founders of the United Public Health League do hereby adopt the following principles, which shall govern and guide the operation of the League:

1. The purposes and objects of the United Public Health League shall be those set forth in the Constitution and By-Laws of the League, namely, as follows:

(*a*) To educate the public to the proper evaluation of medicine, dentistry, nursing and the allied health sciences;

(*b*) To make social, economic and other studies pertaining to the preservation of the public health and the care and treatment of the sick and injured;

(*c*) To gain the enactment of Federal legislation effecting the greater usefulness of ethical medicine, dentistry, nursing and the allied health sciences;

(*d*) To protect the public health, particularly by suggesting and supporting desirable forms of legislation and by opposing objectionable forms of medical, dental, and public health legislation submitted to the Congress of the United States;

(*e*) To protect the public against quackery and patented nostrums, fraudulent advertising and the medical practices of unqualified persons and groups;

(*f*) To support those agencies having public health duties and functions in their efforts to reduce the prevalence of disease and disability and to promote the health of the people;

(*g*) To protect qualified persons, institutions and agencies engaged in the care and treatment of the sick against unjust encroachment upon their functions and activities.

2. It shall be the policy of the United Public Health League to coöperate with all allied ethical professional groups or other organizations which have mutual interests.

3. Recognizing the splendid achievements of the American Medical Association and its component societies in the fields of medical science, education, and research, it is specifically affirmed that it is not the purpose of the United Public Health League to enter into competition with any of these societies, but only to supplement their present activities.

* * *

Association of American Physicians and Surgeons:

The other newly formed organization to which attention is called is the "Association of American Physicians and Surgeons," brought into being on December 1, 1943, by the Lake County Medical Society of Indiana, with headquarters at Gary, Ind. On page 8 of its 12 by 19 inch tabloid *News* release, it is stated that a copy of *News of A. A. P. S.* has been mailed to every physician in the United States. No matter what personal reactions of physicians may be to the Lake County plan, it cannot be denied that Vol. 1, No. 1, of the *News* publication contains much thought-provoking matter. Here only one excerpt is given:

"Not a 'Doctors' Union'"

"Asked if the new organization is not a 'Doctors' Union,'" Waterson [executive secretary] said that "The description is not accurate, if current usage of the term 'union' implies a willingness to strike, because the ethical standards of physicians will never permit them to withhold their services for any cause from those in need of medical care.

"If, however," he said, "a union is interpreted to be an organization that protects the public from the low quality of medical care unfailingly delivered by bureaucratically regimented physicians under systems of compulsory health insurance; if a union is an association of doctors who refuse to permit sickness and human suffering to be thrown into the political pork barrel; if a union is an organization of physicians who refuse, in the public interest, to participate in political schemes that rob them and their patients of the freedom that is guaranteed them by the Constitution—then the Association of American Physicians and Surgeons is a union."

* * *

This Year's American Medical Association House of Delegates Is Confronted With Serious Work.—In view of activities such as the foregoing, the opinion may be expressed that when the House of Delegates of the American Medical Association meets in Chicago on June 12 to 16, 1944, its members will be called upon to do something more than merely pass resolutions. At that time, if steps are not taken to *actively implement* existing or newly constituted bodies of the American Medical Association that are concerned with the issues involved, it is possible, nay probable, that other organizations—now existing or yet to be formed—will take up the work to maintain in militant manner, through measures such as have been referred to, the efficient public health and medical standards to which the people of the United States are entitled.

MATERNITY-PEDIATRIC PROGRAM OF FEDERAL CHILDREN'S BUREAU

Explanation of Present Comment.—Much comment has been made in CALIFORNIA AND WESTERN MEDICINE on the procedures of the maternity-pediatric program of the Children's Bureau of the United States Department of Labor and the implications relating thereto.* And additional reference is now made to call attention to the procedure adopted by the Sacramento County Medical Society (Sacramento Society for Medical Improvement) which appears in CALIFORNIA AND WESTERN MEDICINE for January, on page 31. The

*A list of references appeared in CALIFORNIA AND WESTERN MEDICINE: December, 1943, page 342; January, 1944, page 31.

members of that component county unit affirm that they are prepared to give gratuitous service to the wives and infants of enlisted men, and prefer to do this rather than accept the arbitrary fee schedule inflicted upon the medical profession of the United States by the Federal Children's Bureau. The blank forms which the Sacramento Society has drafted are also designed to make it possible for the wives to secure, without cost, such hospitalization as may be available under the plan put out by the Children's Bureau. As a side-comment, it is of interest to note that the appropriations by Congress made no provision to compensate the different States for the printing, clerical, administrative and other expense they were put to in carrying forward the Federal program.

* * *

California's Money Contribution.—In California the sum is large. A tentative cost of the Federal program that has been falling directly upon the treasury of California is about $85,000, such to cover a period of twelve months. To this should be added about $15,000 that has been transposed from Federal child welfare activities that have been in successful operation since 1918, and which it has been necessary to set aside.

Worthy of the attention of Congressmen is the fact, that these extra expenditures by the various States are necessary largely because of the complicated checking and cross-checking of Federal Children's Bureau's paper forms and reports. Before Congress, the Bureau's representative presumably gave the impression that their present plan, that is so obnoxious to physicians, conserves Federal moneys. Is such the case, when the extra expenditures of the States are included? Would it not be less expensive, in the long run, if the payments were made direct to the wives, thus doing away with all these annoying and uncalled-for bureaucratic paper reports and procedures? Why not place all the facts before the national legislators?

* * *

A Variable Fee Table: What Maine Advises.—The fee table promulgated by the Federal Children's Bureau varies in different States, according as its representatives have been able, supposedly, to induce authorities in the different commonwealths to undercut established maternity and pediatric fee schedules.

In Maine, for instance, instead of the fifty-dollar fee allowed for California, the stipend to attending physicians is thirty-five dollars.

In the *Journal of the Maine Medical Association* for January, appears a report of its Committee on Maternal and Child Welfare, containing the following paragraph worthy of the attention of members of the California Medical Association:

"Before agreeing to care for a patient under this plan, the physician should explain to her exactly where she stands. She cannot plan to have luxuries on the strength of having no doctor's bill to pay. She cannot have a private room when ward care is obtainable, nor can she have a private nurse unless authorized for good reason. She cannot call the physician to her home at Government expense, nor can she expect later to call him to the baby to explain trifling symptoms. In short, the plan gives her and her baby necessary care, without frills. Unless the doctor explains this carefully, some unreasonable patients will impose on him."

* * *

Children's Bureau's Multitudinous Rules.—In connection with the plan of the Federal Children's Bureau, members of the Association should not fail to scan—it would take almost too much time to read—the multitudinous rules and regulations which the select circle in the Federal Children's Bureau in Washington, D. C., has seen fit to present to the medical profession of the United States. These are printed in small type in *The Journal of the American Medical Association* for January 22, 1944, on pages 241-246 inclusive. Inspection of the same should convince readers concerning the kind of medical practice that will obtain in the days to come in case the Wagner-Dingell-Murray bill (S. 1161; H. R. 2861) is enacted.

At the annual conference of State Association secretaries and editors, held at the American Medical Association headquarters in Chicago on November 20 and 21, 1943, the Federal Children's Bureau program was one of the topics on the program. *The Journal of the American Medical Association* for January 15, 1944, on pages 171-178, presents the paper by Dr. L. Fernald Foster of Michigan and the comments which followed. The recital of California's experience with the Children's Bureau's representative, Dr. Edwin F. Daily, appears in the current issue of CALIFORNIA AND WESTERN MEDICINE, on page 77 (Item XLIII).

CALIFORNIA MEDICAL ASSOCIATION'S PUBLIC RELATIONS SURVEY OF CALIFORNIA

The Survey Has Been Made.—By now, component county societies and members who are interested in the rapidly moving legislative procedures related to adequate medical care, as proposed in Social Security plans such as the Wagner-Murray-Dingell bill (S. 1161; H. R. 2861), are aware that the Council of the California Medical Association authorized a survey,* in an effort to secure accurate information on the attitude of California citizens concerning the medical profession and proposed Federal legislation of a socialized medicine nature.

In CALIFORNIA AND WESTERN MEDICINE for January, on page 5, a brief progress report was given. To permit those who are interested—and every member of the California Medical Association should be very much concerned—Item 5 of the minutes of the 314th meeting of the California Medical Association Council, which will appear in full in the March number of CALIFORNIA AND WESTERN MEDICINE, is presented in advance so that readers may have further information as to the survey that has been made.

* References to Council minutes in CALIFORNIA AND WESTERN MEDICINE: August, 1943, Item 9 on page 173; November, 1943, Item 5 on page 273.

Information Concerning the Nature of the Survey.—The text of the minutes concerning the survey (Item 5) follows:

"Public Opinion Survey re Medical Profession:

"The firm of Foote, Cone & Belding, through its representative, Mr. John R. Little, submitted a report on the 'Survey of Public Relations of the California Medical Profession as of January, 1944.' The same was a survey of 5,090 personally conducted interviews with a representative cross section of the population of the State of California, made during the month of November, 1943.

"Mr. Little submitted an interpretative report to the Council, the same being the considered opinion of a 24-man board of public opinion specialists associated with the firm of Foote, Cone & Belding.

"The interpretative report dealt with the 232-page detailed report and tabulation, copies of which were also submitted. The mimeographed report of more than 200 pages exhaustively covered many subjects vital to the medical profession. It was stated that the survey was accurate to within a very small degree of error. For the basis of calculation, the population of California was taken as seven million. By using the tables in the survey, it is possible to determine what is the opinion of lay citizens, in relation to medical practice and proposed Federal legislation as shown in various geographical districts, according to factors such as sex, age, occupation, size of city, income class, length of residence, etc.

"Mr. Little stated that one of the heart-warming elements of the survey was the high opinion in which most citizens hold the profession of medicine. The difficulties facing the medical profession dealt, however, with other factors. The interpretative report by Mr. Little dwelt only on one or two of the more important elements involved.

"Questions and discussion followed. Upon motion made and seconded, it was voted that, until such time as was deemed proper by the Council, the contents of the interpretative and of the complete mimeographed report be held as confidential. In the meantime, members of the Council will study the report in detail for better orientation and understanding, in connection with action to be taken at the next meeting of the Council.

"Statement was submitted by Foote, Cone & Belding for the costs of the service rendered in making the survey, in the amount of $7,198.46, and on motion made and seconded, payment was authorized. Several councilors expressed themselves as believing the facts brought out more than justified the expense involved."

Concerning the above, more will appear in future issues of the OFFICIAL JOURNAL.

MIGRATORY AGRICULTURAL WORKERS OF CALIFORNIA: THEIR HEALTH CARE

Problem of Medical Care of Migrant Agricultural Workers.—Care of the health of thousands of needy agricultural workers, both those who are residents of California and the large number who voluntarily, or through Federal aid as in the case of the Mexicans, are brought into the State—to move from place to place and work on the various crops as they mature—is a subject which to some may seem to be of interest to only a limited number of California citizens. The problem of medical aid, however, to many of these needy workers and their families who are, or have been, and in places are still called upon to live and work under conditions that fail to conform to minimum public health standards as regards housing environment and facilities is, nevertheless, one that should be of wide concern to all Californians. Physicians need not stretch their imagination to visualize how such itinerant workers, who are often poorly nourished and diseased, when grouped together under conditions not by any means sanitary, may become a menace not only to themselves, but to the citizens of nearby communities, and so to the people of the State at large.

* * *

Proposed Legislation of Recent Months.—Recent issues of CALIFORNIA AND WESTERN MEDICINE* have presented comment on these problems, with special reference to legislation still pending in the United States Congress, which, if enacted, may nullify much of the good work that has been carried on under the direction of the governmental corporation—"Agricultural Workers' Health and Medical Association." This nonprofit organization came into existence in 1938 through the efforts of the regional directors of the Federal Farm Security Administration, who at that time were faced with the problem of giving indicated medical attention to needy agricultural workers and their families. A large number of such workers were not citizens of California and, therefore, ineligible for care in county and similar public hospitals. Up to that time the burden of giving gratuitous service to these unfortunates, in good part, had fallen upon the shoulders of civilian physicians in the various communities where these migrants were quartered.

* * *

How California Medical Association Became Interested.—It was then that the Governmental authorities requested advice and help from our State Association. The California Medical Association Council responded by nominating Dr. Karl L. Schaupp, present president of the California Medical Association, to represent it. Here it is sufficient to state that under the direction of himself and that of his two physician colleagues, the medical service for the needy migratory workers has been carried on in manner that has subserved the best standards of healing-art care, in so far as appropriations permitted.

* * *

Recent Legislative Proposals.—During the past several months, through influences not altogether discernible, in one of the political and departmental interchanges or mix-ups, so frequently in evidence nowadays at Washington, D. C., the

* References in CALIFORNIA AND WESTERN MEDICINE: November, 1943, pages 287–289; December, pages 343–344; January, 1944, pages 32–33.

entire medical program has been endangered, through certain provisions in the proposed laws. In other words, the good work of the past six years would come to an end, with possible return to the unfortunate conditions existing in 1938.

Faced with this dilemma, the representatives of the California Medical Association, through Doctor Schaupp, contacted and informed California Congressmen concerning the issues at stake. Perusal of the footnote references already given will permit readers to acquaint themselves with the details of the endeavors that have been made to secure amendments to the proposed laws.

* * *

Generous Coöperation of California's Senators and Congressmen.—It is heartening to be able to state that, once the implications of the proposed legislation were explained to the California Senators and Congressmen, hearty coöperation was promised. Senator Hiram W. Johnson introduced S. 1493 and Congressman George E. Outland submitted a companion bill, H. R. 3651. At the time of this writing, the final report of the Senate and House Conference Committees in Congress is not known. However, in response to the recommendations of the California Medical Association—in coöperation with organizations such as the California State Chamber of Commerce, the California Farm organizations, and others—the appropriation for medical care that had been reduced 50 per cent was restored, and other desirable amendments also made. It is pleasing to be able to express thanks to the United States Senators and Congressmen from California and to the Appropriations Chairmen from other States, for the generous aid rendered by them.

JOHN STROTHER GRIFFIN, M. D.—FIRST PRESIDENT OF THE LOS ANGELES COUNTY MEDICAL ASSOCIATION

Important Historical Legacy Left to California by Doctor Griffin.—The medical profession of California, and particularly members of the Los Angeles County Medical Association, should congratulate themselves that the California Historical Society has brought off the press a handsome volume of ninety-seven pages, "A Doctor Comes to California—The Diary of John S. Griffin, M. D., 1846-1847."

When the seven founders of the Los Angeles County Medical Association met in the office of Doctors Griffin and Widney on January 31, 1871, to bring that organization into existence they elected as their first president, Doctor Griffin, whose diary is the basis of the volume noted above.* In the years that have since elapsed, the Los Angeles Society has steadily grown, until today its membership embraces some 2,922 physicians, a total so imposing as to place it in the group with the first four or five largest component county medical units in the United States.

The volume here referred to is a transcription of Doctor Griffin's journal which he kept when attached as assistant surgeon in General Kearny's "Army of the West," which consisted of three companies of dragoons, who started in 1846 from Santa Fe, New Mexico, to take possession of California under orders from the United States Government.

* * *

The 1846 Trek from New Mexico to California.—That journey from Santa Fe to San Diego, and northward to Los Angeles and other California districts, began on September 25, 1846. Doctor Griffin's story concerns the hardships endured by General Kearny's small force as it crossed the unknown and trackless deserts, and it recounts what took place in the battles of San Pascual, San Gabriel, La Mesa and Los Angeles, and reveals his methods of treatment for wounds and diseases afflicting the soldiers in his charge. The narrative is most interesting.

Doctor Griffin received his M. D. degree from the University of Pennsylvania in 1837, practicing his art in Louisville for three years, to then enter the United States Army as an assistant surgeon. He remained in the Army until 1854, then resigning to take up practice in the "pueblo of Los Angeles," where he remained until his death, at the age of 82, in 1898.

* * *

An Unusual Group of Founders.—It is a remarkable historical fact that the Los Angeles County Medical Association, in its group of seven founders, should have had three individuals whose services to their community and to the medical profession were of exceptional worth: . . . John Strother Griffin . . . Joseph Pomeroy Widney . . . Henry Sayre Orme.

Concerning Doctor Griffin's diary, Dr. George D. Lyman of San Francisco, who wrote the illuminating foreword to the volume now receiving comment, states that "Bancroft, in writing that part of the history of California, depended on a transcription of Griffin's diaries. 'His Journal of '46-47,' writes Bancroft, 'is one of the best authorities extant.' Unfortunately, he did not have the original as here presented."

Joseph P. Widney, who shared offices with Doctor Griffin in 1871, was a graduate of Toland Medical College (U. C.) and later organized the College of Medicine of the University of Southern California, in time becoming the president of that institution and saving its properties from foreclosure through advancement of money from his own resources. Doctor Widney's death, at the age of 91, occurred on July 4, 1938.*

Henry Sayre Orme, another of the founders, was a surgeon in the Confederate Army. He was

* *A Doctor Comes to California: The Diary of John S. Griffin, Assistant Surgeon with Kearny's Dragoons, 1846-1847.* With an Introduction and Notes by George Walcott Ames, Jr., and a Foreword by George D. Lyman, M. D. Cloth. Pp. 97, with illustrations. Price, $2.31. San Francisco: California Historical Society, 456 McAllister, San Francisco, 1943.

* Concerning Dr. J. P. Widney, see CALIFORNIA AND WESTERN MEDICINE: August, 1938, pages 106 and 161; April, 1936, page 292; May, 1936, page 396; and June, 1937, page 398.

president of the California State Board of Public Health, and in 1878 had the honor of being the first physician from Southern California to be elected president of the Medical Society of the State of California. The next two presidents from the southern section of California were Dr. Walter Lindley in 1888, and Dr. William LeMoyne Wills in 1895. These notations are given to indicate that in the last half of the preceding century the Medical Society of the State of California—our present State Association—secured its members and officers largely from counties north of the Tehachapi; the Southern California Medical Society of that period filling a somewhat similar rôle in the southern section of the State.

These comments are made here to remind the three thousand members of the Los Angeles County Medical Association concerning the high character and achievements of the physicians who brought their Society into existence.

EDITORIAL COMMENT†

ACQUIRED HEPATIC SENSITIVITY

Clinically suggestive new data regarding the topographical distribution of specific antibodies and related local anaphylactic phenomena are reported by De Gara and Angevine[1] of the Department of Pathology, Cornell University.

The New York pathologists first studied the presumptive origin and topographical distribution of specific antibodies resulting from intracutaneous injections of nonviable Streptococcus hemolyticus or Type I Pneumococcus in rabbits, these two vaccines being selected largely because they had been previously neglected in similar studies. Within five to twelve days following a single intracutaneus injection of these vaccines, both specific agglutinins and specific precipitins were detected in relatively high titer in extracts from the site of the injection, from the regional lymph nodes, and from the spleen, bone marrow, and liver. During this time the serum titer usually remained negative. Two to three weeks later, however, the titers of the blood serum and organ extracts became practically identical. After the fourth week, the serum titer decreased more rapidly than the titer of the tissue extracts. The spleen, liver, and bone marrow yielded relatively high titer extracts long after the blood stream had become negative. During all this time extracts from the kidney, anterior wall of the stomach (smooth muscle), and noninjected parts of the skin remained of negligible titer.

From this evidence the Cornell investigators concluded that specific antibacterial antibodies are formed mainly or solely in the locally injected skin area, regional lymph nodes, spleen, liver, and bone marrow. The fact that macrophages accumulate in these parts gave plausibility to their belief that macrophages are the cells mainly responsible for local fixation of bacterial antigens and local antibody formation.

De Gara emphasizes the bearing of these data on current theories of acquired regional sensitivity. The degree of sensitivity of the injected skin for example was estimated from the diameter and height of the local wheal resulting from intracutaneous injection of 0.1 cubic centimeter of homologous vaccine. Under nembutal-ether anesthesia, similar quantitative tests were made with the exposed liver, spleen kidney, and anterior wall of the stomach, the apparent severity of the resultant local anaphylactic reaction being confirmed by histological methods. De Gara was able to demonstrate no correlation between local tissue sensitivity and serum titer, strong reactions occurring both in the presence and absence of circulating antibodies. Moreover, there was no correlation between skin sensitivity and the severity of the local hepatic anaphylaxis, necrotizing hepatic reactions occurring in many rabbits whose skin was entirely negative.

This hepatic sensitivity is reminiscent of the experimental focal necroses of the liver reported by Hartley and Lushbaugh.[2] Hartley found that crystalline egg albumin injected into the mesenteric vein of rabbits previously sensitized to egg albumin caused massive areas of coagulative necrosis of the liver, presumably due to local antigen-antibody reactions. De Gara found that after the thirty-second day specific antibodies could not be detected in extracts from hypersensitive livers. During the later stages of sensitivity, locally formed hepatic antibodies are apparently not readily dissociated from the hypersensitive hepatic cells.

Whether or not the early dissociable and late nondissociable parenchymatous antibodies are otherwise identical has not yet been determined.

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REFERENCES

1. De Gara, P. F., and Angevine, D. M.: Jour. Exp. Med., 78:27, 135, 1943.

2. Hartley, G., and Lushbaugh, C. C.: Amer. Jour. Path., 18:323, 1942.

REFRACTORY BACTERIA IN HOUSE DUST

That bacteria in house dust are often refractory to germicidal vapors is currently reported by Puck[1] and his co-workers of the Department of Medicine, University of Chicago.

Following the successful air-borne transmission of streptococci, staphylococci, H. influenzae and influenza virus to laboratory animals, a method of preventing air-borne infections by the use of sodium hypochlorite mists was proposed by Trillat.[2] Puluertaft[3] afterward suggested the use of certain resorcinol mists, which he found equally effective

† This department of California and Western Medicine presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

in destroying air-borne bacteria and spores in a closed room.

About forty other germicidal mists were subsequently tested against nebulized bacterial cultures by Twort [4] and his co-workers of the Portslade Laboratories, Sussex, England. The British investigators developed a mathematical theory of nebular disinfection based on the probability of collision between mist droplets and air-borne bacteria. From this theory it was logically deducted that balsams and other substances of low vapor pressure would be the antiseptic aerosols of greatest clinical efficiency.

Since then propylene glycol and triethylene glycol have been chosen by most American investigators as the aerosols of greatest promise. These two are nontoxic, odorless, tasteless, nonirritating to the respiratory mucosa and of high antiseptic titer,[5] one gram of propylene glycol vapor in 2 to 4 million cubic centimeters of air, producing immediate and complete sterilization of air into which pneumococci, streptococci, staphylococci, H. influenzae or influenza virus have been sprayed. Complete sterilization requires a longer period of time with lesser concentrations. Pronounced bactericidal effect are noted with concentrations as low as one gram in 50 million cubic centimeters of contaminated air.

Contrary to the earlier contact theory, Robertson [5] and his colleagues found that fully vaporized propylene glycol is most efficient. They also demonstrated an increased efficiency of propylene glycol vapor at lower temperatures. At 60 degrees Fahrenheit it is twice as effective as at 95 degrees Fahrenheit, with an intermediary efficiency at 75 degrees Fahrenheit. Marked differences in bactericidal action were also noted with different degrees of atmospheric humidity. The peak efficiency was found to be at 58 per cent humidity, with very rapid decreases in bactericidal titer with humidities either above or below that optimum.

The demonstrated effect of altered humidity led to a study of the relative susceptibility of moist, partially desiccated and fully desiccated bacteria. Their most striking observation was their demonstration that propylene glycol vapor is without bactericidal effect on the fully desiccated bacteria of ordinary room dust. This suggests a hitherto unsuspected refractory phase for environmental bacteria or, as they believe, a certain type of union between dust and bacteria that will protect the microörganisms against the action of bactericidal vapors. This may conceivably be due to the formation of a repellent surface film on dust bacteria.

This finding is of major clinical interest, since "In order to effect sterilization of ordinary room air it is clearly necessary to acquire much more information concerning the physical state of microorganisms associated with dust, and to develop means of effective dust control."

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REFERENCES

1. Puck, T. T., Robertson, O. H., and Lemon, H. M.: Jour. Exp. Med., 78: 387 (Nov.), 1943.
2. Trillat, A.: Bull. Acad. Med., Paris, 119: 64, 1938.
3. Puluertaft, R. J. V., and Walker, J. W.: Jour. Hyg., 39: 696, 1939.
4. Twort, C. C., Baker, A. H., Finn, S. R., and Powell, E. O.: Jour. Hyg., 40: 253, 1940.
5. Robertson, O. H., Bigg, E., Puck, T. T., and Miller, B. F.: Jour. Exp. Med., 75: 593, 1942.

The Positive Health Program in the High School

Aims of Health Education

Dr. Max Mason, chairman of the Observatory Council, California Institute of Technology, has expressed the ideal in these words:

> Human engineering, the new emphasis of science, warrants great optimism for the future of mankind. The application of the exact science to man, as a psychobiological organism, makes this the beginning of a new era for understanding human behavior. The goal for human engineering—that is, the application of this developing science of man—is to give every child the maximum mental, physical, emotional and character power that his heredity will allow. And heredity is not so important a factor as we believe.

The work in health has passed through two stages, namely, the curative phase and the preventive phase, and is now at the threshold of a third—the positive health phase. The first two of these are as important today as always. Today we stand at the frontier of this third phase. This is evinced by the following statement from the report of the joint committee on health problems in education, National Education Association and American Medical Association:

> There has been a definite improvement in health over the years. This is particularly noticeable in the last fifty years. Our measures of health improvement in the mass are necessarily expressed indirectly either in negative terms of shrinking death rates or more directly in years of expectancy of life. Such measures are recorded and can be tabulated. Our records of illness are not recorded systematically and are, therefore, incomplete and spotty. They are limited to reported cases of communicable and occupational disease such as are required by law, institutional reports, insurance statistics, and special studies. Even less complete is our knowledge of increased bodily vigor, strength, resistance, or general state of health, all of which we may speak of as health in contradistinction to mere absence of disease. The former is often alluded to as positive, the latter as negative, health. We have no well-accepted measures of positive health and consequently have no means of expressing statistically for large masses of people any changes in this particular aspect of health that have occurred. As far as possible, our ambition should be not merely to prevent people from being sick, but in enabling them to be well. This finds its expression in increased bodily vigor, serenity, cheerful disposition and an absorbing interest in life.

The dynamic positive school health program should be one mainly of prehabilitation. The rehabilitation phases should be left mainly to private physicians and those who possess approved skills and techniques. Educators should not lose sight of the necessity of working with private professional specialists and the public officials and organizations as one closely knit unit. No one group should have the entire responsibility of health building; rather it should be an interactive process administered democratically for the good of all children.

Bryant's Sign.—There is also an ampulla, triangle, and line bearing the name of Bryant. He was a prominent surgeon of the Victorian era. New and original illustrations, red and blue coloring, respectively, for arteries and veins, and the quoting of references to previous authors, were innovations in his "Practice of Surgery" that won immediate acclaim for the book.—Warner's *Calendar of Medical History.*

ORIGINAL ARTICLES

Scientific and General

SOFT TISSUE COMPLICATIONS OF FRACTURES OF THE LEG

Lt. Colonel A. B. Sirbu
Major M. J. Murphy
and
Major A. S. White
Medical Corps, Army of the United States
Fort Ord

THERE is still a tendency in the treatment of fractures to spend too much time studying the x-rays and too little time examining the leg. We overlook the fact that, aside from the bone injury, there are possible serious primary or secondary vascular, nerve or muscle complications. An analysis of these complications has led to a fascinating chapter in traumatic surgery. Not only have these structures a distinct relationship to each other, but what is more important, to the sympathetic nervous system.

To the increasing number of reports of vascular complications of trauma of the extremity which have been forthcoming in the literature of the past few years, we are adding a series of cases seen at our Station Hospital over a two-year period. While they constitute but a very small percentage of the total number of traumatic injuries treated, the complications are of a sufficiently serious nature to warrant an analysis of their cause and possible prevention. They take on added importance, since we hear from our fighting fronts that wounds of the extremities constitute at least 70 per cent of the casualties.

Based on the degree of pathology, our cases may be divided into three groups: (1) Generalized arterial occlusion of the leg, due to vasospasm; (2) Volkmann's ischemic paralysis of the leg with gangrene of the anterior crural muscles; and (3) localized gangrene of the tibialis anticus muscle (not associated with fracture).

I. GENERALIZED ARTERIAL OCCLUSION

Case 1.—A white soldier, aged 25, sustained simple fractures of the distal third of the left tibia and the proximal third of the fibula due to indirect violence. No initial circulatory or nerve involvement was noticed. A padded cast was applied shortly after entry, no manipulation or anesthesia being necessary. During the evening of the third day the foot became pale, cold and numb, and function of the toes was lost. The cast was bivalved, with no relief after several hours. The cast was then removed and the leg carefully examined. The foot and ankle were cold and cadaverous-looking to a point about three inches above the internal malleolus. An area of beginning skin necrosis was already present over the anterior aspect of the ankle. Neither the dorsalis pedis nor the posterior tibial arteries were palpable. Oscillometric readings revealed a complete arterial block to the point mentioned above.

A left lumbar sympathetic block was performed on the afternoon of the fourth day, using one per cent procaine. In one-half hour the foot was definitely warmer and the color improved. Within twelve hours the color change was unquestionable, the skin temperature higher than the opposite foot, and both pulses could be felt. Two additional lumbar sympathetic blocks were performed on alternate days. There was gradual return of sensory and motor function. The area of skin sloughed from the dorsum of the ankle, requiring skin grafting, but follow-up revealed that bony union occurred, with function almost complete, and the soldier returned to duty.

COMMENT

This case illustrates the rôle of the sympathetics in the production of arterial spasm and the extent of the ischemia which may result. The occlusion was purely arterial, and it did not seem likely that thrombosis had occurred in both major arteries of the leg. Furthermore, there was insufficient swelling to warrant assumption that this could have completely compressed both arteries. The injury was far removed from the popliteal artery, occlusion of which might have given this picture of total ischemia, but probably to a higher level. We are left to assume that the artery closest to the site of injury, the anterior tibial, may have been contused (the trauma must have been a minor one) and that this so stimulated the vasomotor fibers that the circulatory equilibrium described by Leriche was upset and vasospasm developed, so profound as to completely shut off arterial flow. Furthermore, this arterial spasm was sufficient to stimulate a reflex spasm of its collateral circulation, and thus involve the posterior tibial. From the delayed onset of the ischemia it is also possible that there may not have been an actual injury to the anterior tibial artery, but that its vasoconstrictors may have been stimulated by trauma of the adjacent soft tissues. Later it will be pointed out that the anterior compartment of the leg is relatively nonexpansible and that the contained structures are subject to abnormal degrees of tension, peculiar to this region. The rôle played by the plaster cast is open to question only so far as the pressure it may have exerted over this anterior compartment. In itself, it could hardly have caused complete arterial occlusion and there never were signs of venous obstruction.

The clinical course and response to lumbar sympathetic block substantiates the contention of Foisie that arterial spasm plays a major rôle in the production of ischemia, which he demonstrates in several cases. The same conclusions were reached by Homans, as well as by several French observers. The work of Gage and Ochsner on sympathetic block to improve collateral circulation is well known. We are, therefore, willing to contest the statement of a well-known surgeon who, after the Spanish War, stated that "a compound fracture with a cold, pulseless limb calls for amputation unless exceptional vigilance is possible during the first few days after injury."

We are convinced that, without interruption of the reflex arc in our case, complete gangrene and

* Read before the General Surgery Section at the seventy-second annual session of the California Medical Association, Los Angeles, May 2-3, 1943.

The opinions and assertions contained therein are the private ones of the writer and are not to be used as official or reflecting the view of the army department or the army service at large.

amputation would have ensued. This contention is based not only on the clinical picture and the experience of others, but on a similar case seen two years previously and which ended disastrously.

Case 2.—Here, again, an apparently innocuous fracture, this time of the upper end of the tibia, was followed in thirty-six hours by complete arterial occlusion. Conservative treatment, such as bivalving and removal of the cast, local heat, papaverine, etc., were of no avail. Finally, exploration of the popliteal space showed only a narrow, pulseless artery, with no signs of thrombosis. At first it appeared that slight improvement followed the decompression, but gangrene of the leg developed, necessitating amputation.

The value of spinal anesthesia in producing vasodilatation and relieving spasm has been recognized for some time. The next case illustrates its application in relieving ischemia, which sometimes accompanies severe compound fractures of the leg.

Case 3.—A colored soldier was brought in with a severe compound fracture of both bones of the leg. The leg was pulseless and cold. A spinal anesthetic of 150 milligrams of novocaine was given in preparation to the repair of the wound and reduction of the fracture. Immediate response to the anesthetic was noticed. The foot became warm, and within fifteen minutes both arteries were palpable. On exploring the wound, the anterior tibial artery could be palpated as having a good, full pulse.

Such a response to subarachnoid block has probably been the saving grace to many otherwise heartbreaking catastrophies. There is reason to believe that many of these spastic arteries are overlooked in the excitement and rush to treat a compound fracture during the golden hours. The wide use of spinal anesthesia has, unbeknown to the surgeon, released the vasoconstriction and reëstablished the circulation of the extremity. The anesthetic could likewise have acted as a prophylactic in the prevention of secondary spasm, which might come on several hours after the injury occurred.

The problem of dealing with so-called segmentary arterial spasm, which will not respond to sympathetic injection but which may require sympathectomy or even arteriectomy, is illustrated by the following case.

Case 4.—A 25-year-old colored soldier was brought in with a severe compound fractures of both bones of the leg at the middle third, apparently sustained by direct trauma. The foot was cold and neither artery palpable. Again a spinal anesthetic was given, but this time the response was only temporary, with complete ischemia again developing within six hours. In spite of removing the cast and two sympathetic blocks within twenty-four hours, there was still no return of circulation. The anterior tibial artery was then explored and found to be segmentally contracted to the size of a piece of string. Stripping the adventitia failed to release the spasm. Therefore, an arteriectomy was performed, removing a five-centimeter section of artery, between ligatures.

Gradual return of circulation followed this procedure, with the exception of the tips of the first and second toes, which went on to dry gangrene. Collateral circulation improved and the posterior tibial artery was palpable in thirty-six hours. However, a gradual slough of the anterior and lateral crural muscles developed over a period of four weeks, requiring debridement. This continued, along with low-grade infection and early osteomyelitis, and eventually amputation was performed, two months after the original injury. At that time it was noticed that, although the larger arteries were of small caliber, there was present considerable collateral circulation.

COMMENT

Although the end-result was disastrous in this case, we feel that the arteriectomy prevented an early complete gangrene. It is quite possible that if it had been performed even sooner, we might have prevented the muscle sloughing as well, thus obviating the eventual amputation. This secondary slough and infection must be considered due to the early circulatory impairment, causing devitalization of muscle. Reports from the Spanish Civil War reveal that infection, and especially gas gangrene, developed mostly in those cases with impaired circulation. D'Harcourt reported that, out of twenty cases of gas gangrene, twelve had vascular lesions. Trueta has strongly stressed this relationship between gas gangrene and arterial spasm in his recent book on war surgery.

This radical procedure, entailing the actual excision of a major artery to promote collateral circulation, was popularized by Leriche. More recently it has been employed by Griffiths and others (at least ten cases collected by Foisie) in the early treatment of Volkmann's ischemic contracture. It is a logical procedure if one accepts the thesis of these observers. As ably explained by Foisie, in segmentary arterial spasm the axon reflex does not pass through the sympathetic ganglia, but there is apparently present a distal reflex arc. Therefore, procaine injection of the ganglia gives no relief, and it becomes necessary to interrupt the arc locally. This can be done by either a peri-arterial sympathectomy or an arteriectomy. Stripping the artery is a difficult and inconclusive procedure when dealing with an artery which is markedly contracted. On the other hand, excision of a portion of the artery definitely breaks the arc and removes that portion which may have a small break in the arterial wall, and which might continue to give off abnormal stimuli. Leriche has aptly called such a constricted artery, with no blood flowing through it but with sympathetic fibers still present in its adventitia, not an artery at all, but an abnormal sympathetic nerve. The fact remains that a number of competent observers have substantiated this increase in collateral circulation and the saving of a limb by arteriectomy of the major vessel. It is to be understood that the collateral circulation of an artery normally functions only slightly, but when called upon will hypertrophy to its fullest extent. This is especially true if any sympathetic inhibition is released by breaking the arc or reflex involving the collaterals.

II. VOLKMANN'S ISCHEMIC CONTRACTURE OF THE LEG

The classical work of Griffiths of Manchester on the pathology in early Volkmann's ischemia has been substantiated by practically all subsequent observers. The following cases illustrate the same findings as applied to the lower extremity, where it is much less commonly found.

Case 5.—A 29-year-old officer was run over by a truck and sustained simple fractures of the upper end of the tibia and fibula, extending into the knee joint. No initial circulatory or nerve impairment was present, and reduction consisted of lateral compression and the application of a cast, under pentathol sodium anesthesia. Within twelve hours the patient developed marked swelling, cyanosis and sensory loss in the foot. On removal of the cast, circulation was gradually restored, but motor and sensory loss persisted. Even these gradually returned, but on the twenty-second day he began to run a fever and there was evidence of cellulitis in the region of the tibialis anticus muscle belly. On incision all of the anterior crural muscles showed a dry, grayish-white gangrene. These muscles had to be eventually resected. Histological examination revealed necrosis of striated muscle, typical of that described by Griffiths in early Volkmann's ischemia.

Case 6.—A second case of the same type of gangrene, localized to the anterior crural muscles, developed in a young soldier, following a compound fracture of both bones of the leg, with no initial circulatory impairment.

COMMENT

In evaluating these cases we are assuming, with Foisie, that a subtotal ischemia was produced by spasm of the main artery (again the anterior tibial) and its collaterals. Physiologically, he explains that "the muscle bellies, which have the greatest demand for arterial blood and are, therefore, the most vulnerable to its loss, are the first affected." These cases differ from the first group in that some improvement or release of arterial spasm took place before generalized gangrene developed, and the only result was necrosis of muscle. Both groups are allied in their relationship to vasomotor involvement, and differ only in the degree or extent of spasm and subsequent ischemia. It is to be regretted that the early use of sympathetic block or of local interruption of the reflex arc was not employed in these cases, these methods not having been fully understood at the time they presented themselves.

Both the gross and microscopic changes in the extensor muscles (ankle and foot) were typical of that described by Griffiths, a picture of the end-result of infarction. Thus, the tibialis anticus group of muscles are comparable to the flexors of the wrist and fingers, as involved in Volkmann's ischemia of the upper extremity. The degree of muscle sloughing, necessitating excision, is unusual as compared with the upper extremity, where the initial stage is followed by extensive contracture, a typical feature of the condition.

None of our cases showed involvement of the calf muscles, just as there is rarely present pathology of the extensors of the wrist and fingers in ischemia of the upper extremity. This predilection to involvement of the anterior crural muscles may be due to the vulnerability of anatomical position of the anterior tibial artery.

It has occurred to us that the structures in the anterior compartment of the leg (the tibialis anticus, the extensors of the toes and peroneus brevis muscles, as well as the anterior tibial artery and the deep peroneal nerve) are in a disadvantageous anatomical position, as regards trauma. Bounded on the medial and posterior sides by bony structures and interosseous membrane, they are contained anterolaterally by the relatively heavy crural fascia, which does not stretch readily. This means that any increased intracompartment pressure, due to hemorrhage or edema, will exert an abnormal degree of tension on these structures. For this reason we have been splitting widely the anterior crural fascia in the initial treatment of compound fractures. Not only may the anterior compartment structures suffer from direct pressure, but this unnatural tension may be the exciting stimulus in vasoconstriction. It is probable that the so-called non-infective gangrene of muscle described by Child was on the basis of Volkmann's ischemia.

III. LOCALIZED GANGRENE OF TIBIALIS ANTICUS MUSCLE
(Not associated with fracture)

We have seen two cases of localized gangrene of the tibialis anticus muscle not associated with fracture or even trauma of external cause. The pathology was so allied to the other cases as to warrant mention at this time.

Case 7.—First, a small muscle hernia, due to a 1 by 3 centimeter defect in the anterior crural fascia, was repaired under local anesthesia. On the fifth day the patient's temperature rose to 101 degrees, with signs of inflammation about the wound. The skin and fascial sutures were removed, revealing a dry, grayish-white gangrene of the tibialis anticus muscle. The entire muscle belly was involved and eventually had to be excised.

Case 8.—A 38-year-old Filipino soldier developed severe pain over the anterior aspect of both legs, following a long march. He was seen by the surgical service on the fourth day and a diagnosis of bilateral myositis of the tibialis anticus muscles was made. There was marked swelling and diffuse redness over both muscle bellies, and power of extending the foot and toes was gone. Longitudinal incisions were made and fasciotomy performed over both muscle bellies. Bilaterally, the tibialis anticus was avascular, grayish- white in color, and markedly swollen. They bulged through the crural fascia, which was tightly stretched over them prior to incision. Following release of tension, the muscle on the right leg recovered, aside from a small superficial area of gangrene. But on the left side, gangrene of the muscle was practically complete, requiring excision. Pathological examination revealed the same necrosis of striated muscle.

COMMENT

The last case has important implications as far as military surgery is concerned. No similar case of gangrene of a muscle, developing merely from marching, has been reported, so far as we have been able to determine. On the assumption that it was due to the cumulative effect of multiple microtraumata rather than to a single injury, it stimulates a March fracture and could be called March myositis. This, in a sense, is a misnomer, since the pathology was not that of inflammation of muscle, but of infarction, showing the same gray gangrene of Griffiths. We hope, in the near future, to report this case in greater detail, together with additional clinical material we have gathered on the effect of excessive walking and marching on the anterior crural muscles.

DISCUSSION

It would appear that the power of the sympathetics to cause vasoconstriction beyond physiological requirement, has been the cause of several allied pathological entities. Thus, Heyman and, later, Herrmann and Caldwell have been successful in treating Sudeck's atrophy by perivascular sympathectomy. Further, Homans, as well as Ochsner and De Bakey, have shown remarkable results in sympathetic block for thrombophlebitis, which results have been substantiated in several cases at Fort Ord. And, finally, this relationship between vasoconstriction and Volkmann's ischemia, and even gangrene of an extremity, seems to be fairly well established. We were interested in the review of "Wounds in Modern War," by Colonel McFarlane, surgical consultant to the Canadian Active Service Force, reported in the *Bone and Joint Journal* and reproduced in our *Army Medical Bulletin*. In it he describes two cases of vasospasm in the lower extremity, both of which developed extensive gangrene of muscle, as described by Griffiths, and ended in amputation. After our study we agree only partly with his conclusion, that this is an alarming complication, and neither the etiology nor the treatment is sufficiently understood as yet.

CONCLUSIONS

Our experience with this group of allied vascular accidents has taught us some never-to-be-forgotten lessons. It has stimulated us to make the following resolutions in the handling of traumatic injuries of the extremities.

1. To carefully examine the limb for vascular and nerve involvement before and after reduction.

2. To look for evidence of arterial spasm either as an early or delayed complication of trauma.

3. To use spinal anesthesia whenever the patient's condition will permit.

4. To use lumbar sympathetic block (or stellate ganglion block) in all cases of circulatory impairment of the extremity.

5. To explore the major artery and perform either peri-arterial sympathectomy or arteriectomy if sympathetic block fails.

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REFERENCES

1. d'Harcourt, J., et al.: Closed Plaster Method of Treatment: Account of Its Use During Spanish War, Brit. Med. Jour., 1:652-654 (April 20), 1940.

2. Leriche, R., et al.: Arteriectomy: Follow-Up in Seventy-Eight Cases, Surg., Gyn., & Obst., 64:149-155, 1937.

3. Griffiths, D. L.: Volkmann's Ischemic Contracture, Brit. Jour. Surg., 28:239-260, 1940.

4. Foisie, P. S.: Volkmann's Ischemic Contracture, New Eng. Jour. Med., 226:671-679 (April 23), 1942.

5. Homans, J.: "Circulatory Diseases of the Extremities." Macmillan Company, New York, 1939.

—Vascular Disorders of the Extremities, New Eng. Jour. Med., 226:917-922 (June 4), 1943.

6. Gage and Ochsner: Ann. Surg., 112:938-959, 1940.

7. Trueta, J.: "The Principles and Practice of War Surgery." C. V. Mosby Company, St. Louis, 1943.

8. Child, C. G.: Noninfective Gangrene Following Fractures of the Lower Leg, Ann. Surg. 116:721-728 (Nov.), 1942.

9. Herrmann and Caldwell: Diagnosis and Treatment of Post-Traumatic Osteoporosis, Amer. Jour. Surg.

10. Ochsner and De Bakey: Therapy of Phlebothrombosis and Thrombophlebitis, Arch. Surg., 40:208-31 (Feb.), 1940.

11. McFarlane, J. A.: Wounds in Modern War, Jour. Bone and Joint Surg., 24:739-752 (Oct.), 1942. The Army Medical Bulletin, No. 65 (Jan.), 1943.

APPENDICIAL DISEASE

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IT is estimated that sixteen thousand persons lose their lives each year in the United States as the result of appendicitis. This from a common and curable surgical disease. It is so commonplace, in fact, that it becomes almost boresome to discuss it further. Why, then, do we continue to be satisfied with such an appalling death rate, particularly when compared with that of other civilized countries? The fact is we are not satisfied at all with the situation; the result being that American surgeons have rushed into all sorts of ill-advised methods in an effort to control this problem. Years ago the fact that the disease was surgical became apparent, and this was followed by a long and tedious establishment of an acceptable surgical technique. During this time any abdominal pain led to appendectomy—a policy abused to the extent that many scathing articles began to appear in medical literature condemning this wholesale and unskilled surgery. Instead of correcting such surgical ills by controlling the many untrained operators, surgeons began to speculate whether or not appendicial disease should always be subjected to surgery. Since then delay and caution have gained importance, and many steps have been taken toward more scientific methods of handling the complicated cases of appendicitis. We are moving forward slowly and many times in circles, but still there is improvement, as attested by recent reports from the United States Public Health Registration Area.

Table 1.—*Deaths and Death Rates from Appendicitis in the Registration States of Continental United States: 1929-1939*†

Year	Number	Rate per 100,000 Estimated Population
1939	14,113	10.8
1938	14,300	11.0
1937	15,340	11.9
1936	16,480	12.9
1935	16,142	12.7
1934	18,129	14.3
1933	14,113	11.2
1932	16,766	14.1
1931	17,845	15.1
1930	17,798	15.2
1929	17,398	15.1

† From the Department of Commerce, Bureau of the Census, Washington.

* The opinions or assertions contained therein are the private ones of the writer and are not to be construed as official or reflecting the views of the War Department or the war service at large.

QUESTIONNAIRE

The question is whether this improvement can be continued, and also what are to be the next logical steps if ever we are to equal the records of other countries in handling this problem. In order to secure some answer to the many problems involved, the following questionnaire has been sent to several leading surgeons throughout the country:

"APPENDICITIS"

1. *Do you follow any definite rule regarding indications for immediate surgery or deferment of surgery in acute appendicitis?*
2. *Do you feel that surgery should be deferred in cases of ruptured appendix: if so, how long?*
3. *What clinical and laboratory findings do you depend upon in making a diagnosis of ruptured appendix?*
4. *What general routine do you follow in management of ruptured appendix?*
5. *Do you feel that suspected acute appendicitis should come to surgery in the absence of an absolutely positive diagnosis?*
6. *Do you feel that surgery is indicated during the interval in cases of recurrent appendicitis?*
7. *What is your attitude toward chronic appendicitis?*
8. *Do you feel that the mortality rates of appendicitis are improving in your community?*
9. *Do you feel that too much surgery is being done for questionable appendicitis?*
10. *In your opinion, are surgeons too greatly concerned about the problem of appendicitis?*
11. *Do you feel that the diagnosis of appendicitis is usually and definitely possible?*
12. *If operation is deferred in suspected appendicitis, what are the clinical and laboratory findings upon which you base your judgment in future observation of the case?*
13. *In your opinion, what is the most common error made in diagnosis and management of acute appendicitis?*

ANSWERS TO QUESTIONNAIRE

The answers to these questions will not be attempted here, but a discussion of the opinions expressed will be included with a summary of the recent literature and mortality statistics.

In the first place, there are, as always, two schools of thought regarding surgical treatment. The so-called conservative group, or advocates of the Ochsner method of treatment, and the radical group, or those sometimes referred to as ever-ready operators. And then there are those who, by honest effort, attempt to use their judgment in order to take advantage of the best parts of both policies. However, in order to use our best surgical judgment we must have some basic criteria or belief upon which to rely; and since we all are constantly using the best and most conscientious judgment at our command, it becomes apparent that those who adhere to the last-mentioned policy almost invariably conduct themselves in accordance with their basic principles. So we find that it is quite simple to segregate the exponents of this last group into one or the other of the two great schools of thought which is either radical or conservative in method.

This has been done arbitrarily, and those whose judgment usually leads them toward conservative treatment have been grouped accordingly, as has the inherently radical group. Therefore, we find two groups: first, all of those who advocate immediate surgery regardless of the stage of the disease (clinically) are classified as radical, while those who practice careful observation, with delayed surgery in cases of suspected rupture, are considered conservative.

It is evident that the conservative school of thought hold to the following concepts: as long as infection is confined to the appendix itself, the accepted and entirely satisfactory procedure is surgical removal of the disease as quickly as possible. Once the appendix is ruptured, as evidenced by findings which vary with the individual surgeon, elevation of temperature above, say 101 degrees, or increasing tenderness and rigidity or cessation of pain with recurrence over a greater area, are accepted as evidence of rupture. The trouble is no one is sure. All will admit that a small percentage of cases present the clear-cut picture. Also all admit that, even with the above findings, the appendix still might not be ruptured.

ON SURGICAL INTERVENTION: IMMEDIATE OR LATER?

It is a fact that the recognition of a ruptured appendix and the extent of the peritoneal soiling or the presence of an abscess is very frequently an extremely difficult clinical determination to make a point repeatedly admitted by a number of our most excellent surgeons. This is important, since the conservative group contend that as soon as rupture is present with peritoneal soiling a new factor is introduced. The infection is no longer confined to the appendix, but the peritoneum as a whole is potentially involved. That is, the house is on fire, so why take out the exploded stove and risk spreading the blaze? The patient is seriously ill and much less able to withstand surgery. Intervention may spread the infection further. Surgical trauma may promote paralytic ileus, as may the anesthetic; therefore, it is wise to defer operation, thus preserving the patient's powers, to localize the infection and develop an abscess which can be drained at a more opportune moment. There is some question as to the opportune moment and how it is exactly determined. However, the treatment proposed by A. J. Ochsner of nothing by mouth, strict bed rest, ice bags or hot packs to abdomen, morphia, and fluids by infusion or by vein, is to be carried out. More recently, of course, sulfanilamide or some related drug may be used.

The advocates of this plan all carefully insist that if the appendix has not ruptured, it must be removed at once. Some are willing to operate if the infection is still limited to a small area about the appendix, even after rupture. Most will operate after the infection is well localized into an abscess which can be drained without soiling the peritoneum, and defer appendectomy until the abscess is completely healed, possibly after a period of three months. Practically all surgeons are agreed concerning this last method of handling a well-established abscess, no matter how it has happened to exist, by accident or by conservative treatment.

Also, practically all surgeons will agree that to handle a case by the conservative method can be extremely difficult and mistakes in judgment are, like football fumbles, ever threatening and just as disastrous. It is not intended to imply that such a plan of treatment is absolutely fallacious, for many capable surgeons hold to it, and for good reasons; however, mortality statistics taken from the literature are recorded along with similar statistics with reference to cases handled by the radical or immediate intervention group (Charts 2 and 3), so that a comparison can be made.

The tenets of this latter group may be expressed briefly in the words of J. M. T. Finney: "It is always safe to be on the safe side. I have never regretted taking out an appendix, but I have, in times past, regretted not taking one out for one reason or another." Or in the words of J. Shelton Horsley, "While patients do not usually die within the first eight or nine hours from gastro-intestinal perforation—which a ruptured appendix is—they may acquire a fatal infection during this time unless there is prompt and proper treatment. It seems a good surgical rule to close a gastro-intestinal perforation as soon as possible." The following outline of treatment is, therefore, suggested by this group:

1. Immediate operation as soon as the diagnosis is made, no matter what the stage of the disease.

2. Physiological rest of the gastro-intestinal tract is effected by limiting the oral intake and avoiding proctolysis or any peristaltic stimulation. Essential water, electrolytes, and calories are given parenterally, controlling distention by continuous gastric lavage with suction.

3. Surgery is done with the least possible manipulation with or without drainage—drainage being another debatable problem.

SURGICAL PROCEDURES

The controversy over points in surgical technique will not be probed except to point out that most surgeons recommend the McBurney incision. Some always remove the appendix, others do if it presents itself readily or if there is no evidence of perforation. Most prefer to drain a well-established abscess and remove the appendix later. There are also those who have adopted the policy of closing the peritoneum in cases of peritonitis without drainage and, in general, the results have been satisfactory. When drainage is decided upon, most surgeons use some form of Penrose rubber tissue drain; however, Babcock objects to this type and recommends glass or alloy drains, contending that such materials cause much less peritoneal irritation, therefore allowing more complete drainage of the peritoneal cavity.

STATISTICAL SUMMARY

Tables 2 and 3 represent a summary of all cases of appendicitis reported in the literature during the past two years, concerning which enough information was available to permit completing the statistics for each group, namely, those treated by the conservative method and those treated by the radical or early operative method.

TABLE 2.—*Conservatively Treated Patients*

(a) Entire Group

Number of Cases	Number of Deaths	Mortality in Per Cent
8,206	882	10.7
101 Nonsurgical		
8,307 Total number		

(b) Uncomplicated Cases

Number of Cases	Number of Deaths	Mortality in Per Cent
4,602	37	.804

(c) Abscess Cases

Number of Cases	Number of Deaths	Mortality in Per Cent
579	57	9.8
496		65.4*
Abscess with immediate surgery		14.3

(d) Peritonitis

Number of Cases	Number of Deaths	Mortality in Per Cent
898	124	13.8
791		60.9*

* Indicates patients handled by rigid adherence to Ochsner method. Exact number of deaths not given.

TABLE 3.—*Radically Treated Patients*

(a) Entire Group

Number of Cases	Number of Deaths	Mortality in Per Cent
11,793	242	2.05

(b) Uncomplicated Cases

Number of Cases	Number of Deaths	Mortality in Per Cent
7,267	36	.49

(c) Abscess Cases

Number of Cases	Number of Deaths	Mortality in Per Cent
786	45	5.7

(d) Peritonitis

Number of Cases	Number of Deaths	Mortality in Per Cent
677	119	17.5

The mortality rates have been computed in each group: for all cases combined complicated or uncomplicated, for all uncomplicated cases, for cases with peritonitis, and for those with appendicial abscess. In the conservative group it was difficult to complete statistics for the last two classes, since authors usually reported statistics on the whole group, giving mortality rates on the operated cases combined with the conservatively treated cases.

COMMENT

To my mind, the results of the statistics are conclusive, and the answer must be that radical management of appendicial disease is the procedure of choice and should be adhered to. If there is any method of handling appendicial disease which does offer an improvement in present mortality rates, it is prompt and skillful surgery. The time has come for the medical profession to forsake our practice of exercising so-called judgment and to dedicate ourselves to a policy of immediate surgery in handling such cases. This does not mean that a patient's general condition is to be overlooked in the mad scramble to operate, or that every patient with an abdominal complaint has appendicitis, for it has been the wholesale surgery of former years which led primarily to the doctrine of delay. Perhaps it would be well to follow Doctor Hertzler's advice and wait until a qualified surgeon had arrived before surgery is attempted.

What is the most common error? The answer becomes obvious when we consider that among the group treated by the exponents of conservative methods, only .89 per cent mortality occurred when operation preceded any sort of complication. Likewise the cases reported by the radical exponents carry a mortality rate of .49 per cent if surgery is accomplished before complications have had time to occur.

In the first series the mortality rates skyrocket to a figure over ten times as great with rupture. In the second series, again rupture means more than ten times as many deaths in spite of the fact that here the mortality figures are about half as great as those reported by the conservative group. We must prevent rupture and complications if we are to prevent death from appendicitis. We all agree that many factors, such as virulence of infecting organisms, powers of resistance, etc., are powerful influences, but the one factor which can be controlled is time. It requires time for the pathogenesis of acute appendicitis to unfold from acute inflammation, to rupture, to abscess formation, if fortune is on our side and spreading peritonitis does not relieve us of our problem first. Many will subside without further ado if we wait, but who can tell which one? Also many will not rupture for several hours, but again who can accurately determine which one? Complicated appendicitis can be prevented by not allowing time to pass. All surgeons, but particularly the medical profession as a whole, must not delay, for this is, in the opinion of most of America's leading surgeons, the most common error in handling appendicial disease—delay. Such an opinion is expressed by Alton Ochsner when he says: "Although I am a staunch advocate of the conservative treatment of appendicial peritonitis (not appendicitis, because I do not believe there is such a thing as conservative treatment of appendicitis), I do feel that, if there is a question about perforation, it is better to operate even at the risk of backing out sometimes without removing the appendix than to overlook a ruptured appendix which is still leaking into the peritoneal cavity."

It seems quite clear, then, delay is the most common error in handling acute appendicitis. It is also the most inexcusable error committed. Among the conservative group, only 55 per cent of all cases came to surgery before rupture. The radicals managed to operate on only 61 per cent of their cases before rupture. Mont R. Ried believes that this delay results from three causes: delay on the part of the public to consult a physician, refusal to submit to surgery, and the gambling of doctors on the outcome of the disease. Our profession should never be reproachable for permitting appendicitis to advance to rupture. This does not apply to the inevitable mistakes in diagnosis, but to those of us who deliberately choose to gamble. Such activities can well be confined to vacations in Nevada and for much lower stakes.

In spite of all this, the profession can be held responsible for delay only indirectly. And that is that we have failed to impress the public with the importance of prompt action. In Sweden the death rate from appendicitis is less than 8 per 100,000 population each year, while in the United States it continues to be 10.8 per 100,000. This can be improved upon only if the profession insists upon continued and persistent education of the public.

IN CONCLUSION

In conclusion, it seems evident that immediate surgery in all cases of acute appendicitis offers the best ultimate prognosis, whether early in the disease or late. Since delay is the most common and most costly error in handing this common surgical emergency, it becomes the duty of the medical profession to eliminate this mistake. That this may be done, all physicians must be acutely aware of its importance and must actively endeavor to bring it to the attention of the public. It can easily be said that this has already been done, but only recently the cities of Philadelphia, Cincinnati, and Atlanta have realized a remarkable improvement in mortality rates from appendicitis as a result of an intensive public education campaign. The same should be done throughout the country. We must actively enlist the aid of public sentiment and knowledge, and not suffer the humiliation of having it forced upon us from other sources.

First Auxiliary Surg. Group.

Rh ANTIGEN: ITS CLINICAL IMPORTANCE*

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INTRODUCTION.—In 1937 Levine and Stetson[1] discovered a new agglutinable factor in human erythrocytes which is independent of the four blood groups and the antigens M, N, and P. Some time later (1941) Landsteiner and Wiener,[2] by immunizing rabbits with monkey blood (*Macacus rhesus*), described the factor Rh, which agglutinates 85 per cent of all human red cells. Levine and Katzin[3] quickly recognized the importance of this blood factor and applied this discovery to an understanding of the cause of certain intragroup transfusion reactions during pregnancy and the puerperium, of the pathogenesis of repeated miscarriages and neonatal deaths as well as some of the hemolytic anemias of the newborn. Levine and his collaborators[4-8] showed that a father who possesses the Rh antigen in his red cells may transmit this dominant Mendelian character to his offspring, who in turn may immunize the mother if she is lacking in this agglutinogen. Anti-Rh antibodies which pass from the mother's blood into that of the baby may damage the hematopoietic system and hemolyze the blood of the fetus with the production of jaundice, anemia or erythroblastosis.

This work has been confirmed by many investigators, including Mayer and Vogel,[9] Davidsohn and Toharsky,[10] Diamond,[11] Kariher and Spindler,[12] Javert,[13] Fisk and Foord,[14] and Boorman,

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Dodd, and Mollison.[15] In the present communication we shall record our experiences with the Rh factor and discuss its importance in clinical medicine.

Through the coöperation of several physicians in California, we had the opportunity of examining the blood of twenty families who either had lost a child from hydrops fetalis (Group A) or whose baby had been born with icterus gravis (Group B) or congenital anemia (Group C). Tests were made of the blood of these and of other patients with severe transfusion reactions for which the Rh factor was thought to be responsible (Group E). Cases were also investigated which illustrate the limitations of the Rh theory. To explain these the hypothesis of heterospecific pregnancies is cited (Group D). Finally, an example of the value of the test for the Rh antigen in legal medicine is recorded (Group F).

REPORT OF CASES

Group A: Hydrops Fetalis with Death of the Infant

Family 1: Mrs. Som. had her first pregnancy five years ago. This child showed slight jaundice and anemia at birth, from which he recovered. The second baby, a girl, was born at Mount Zion Hospital in 1942 and died when three days old with a diagnosis, confirmed at autopsy, of erythroblastosis fetalis. Serological studies made about four months later showed: Mr. Som. (husband) Type O, Rh+; Mrs. Som., Type A, Rh—; living son, Type O, Rh+. No anti-Rh antibodies were present in the mother's serum at this time.

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Family 2: Mrs. Bir., age 35, white, was referred by Dr. R. Dunn of Palo Alto. Her first baby boy, born ten years ago, weighed only 4 pounds 10 ounces at birth, but is now living and well. During gestation, the mother was extremely ill and was hospitalized three times. There were two other children—one a stillborn, and another who died with jaundice and extreme anemia. The laboratory findings, made when Mrs. Bir. was in the seventh month of the current pregnancy, are as follows: Husband, Type O, Rh+; wife, Type O, Rh—; living son, Type O, Rh+. Mrs. Bir. had no antibodies in her serum at this time. In April, 1943, she was again delivered of a stillborn baby with the diagnosis of erythroblastosis fetalis.

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Family 3: Mrs. Ro. Referred by Dr. C. Bost. History: One child, age 7, living and well. Two successive pregnancies resulted in babies who died with erythroblastosis fetalis. One lived three days, and was jaundiced; the other was stillborn. Father, Type AB, Rh+; mother, Type A, Rh—. There were no anti-Rh antibodies in the mother's serum.

* * *

Family 4: Mrs. Le. Referred by Doctor O'Connor and Dr. T. H. Kelly of the St. Francis Hospital. During her pregnancy Mrs. Le. suffered from an acutely tender abdomen and bleeding. The baby was in an anomalous position, requiring cesarean section. The placenta showed partial separation and a clot. The child was born dead, with a diagnosis of hydrops fetalis. Serological data: Mother, Type A, Rh—; no anti-Rh antibodies were demonstrable in her serum. This was an illegitimate baby, and the father was not available for testing.

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Family 5: Mrs. McDe., a patient of Dr. T. Kelly and Dr. F. L. Fouch, St. Francis Hospital, was delivered of a dead fetus three years ago. She suffered from late toxemia of pregnancy and had a difficult forceps delivery. Serological tests: Husband, Type A, Rh+; Mrs. McDe., Type A, Rh—. The patient became pregnant again in 1943. She had no anti-Rh antibodies in her serum during the third and fourth months of this pregnancy, and was delivered of a normal child. Mr. McDe. is evidently heterozygous, with respect to the Rh antigen.

Group B: Icterus Gravis

Family 6: Mrs. A., 35, was a patient of Doctor Skankey of San Bruno, California. Her first child was born ten years ago, and is living and well. The second pregnancy resulted in a premature baby which died after seven days. A third child, born in 1940, lived twenty-three days and died of "jaundice." A fourth, a full-term female baby weighing seven pounds, which is the subject of this report, was born at Mary's Help Hospital, San Francisco, on March 23, 1943. Two days after birth, the child was jaundiced and her spleen was enlarged. The blood picture on the day of birth was: Hemoglobin, 8.6 grams; red blood cells, 2,790,000; while blood cells and nucleated red blood cells, 74,750; polymorphonuclears, 50 per cent; promyelocytes, 30 per cent; metamyelocytes, 12 per cent; "stabs," 8 per cent; megaloblasts, 1 per cent; pronormoblasts, 2 per cent; normoblasts, 97 per cent; reticulocytes, 13 per cent; marked anisocytosis and poikilocytosis; marked polychromasia. Clinical diagnosis: Erythroblastosis fetalis. The blood groups were: Father, Type A, Rh+; mother, Type O, Rh—; baby, Type O, Rh+; and living sister, Rh+. No anti-Rh antibodies could be demonstrated in the mother's blood during the first month after delivery. The baby was given four transfusions of Rh negative, citrated blood at the Mount Zion Hospital. She made a satisfactory recovery with gradual increase in the hemoglobin and erythrocytes, and a decline in the total leukocyte count (Chart 1). The child is now doing very well (July, 1943).

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Family 7: Referred from Stanford University Hospital. Mrs. F. Giv., 32, white, was delivered of a normal baby girl in 1933. During the sixth week of her second pregnancy in 1934, she required a D. and C. During the fifth month of her third pregnancy in 1936, she was anemic: Hemoglobin, 60 per cent; red blood cells, 4.18 million. During the ninth month, September 14, 1936, she was delivered of twin girls. At this time her hemoglobin was down to 55.

Twin No. 1 had an enlarged liver and spleen; hemoglobin, 45 per cent; red blood cells, 2.45 million; white blood cells, 13,700. She was treated for anemia with transfusions and iron, copper and liver extract, and recovered.

Twin No. 2 was jaundiced three days after birth. The lemon color of the skin was still evident one month after birth. The liver and spleen were enlarged. On October 14, 1936, the hemoglobin was 46 per cent; red blood cells, 2.59 million; white blood cells, 10,225. There was marked anisocytosis and poikilocytosis. The baby was transfused with the father's blood. On October 29, the icterus index was 28.8 units. The child died with diarrhea on November 15, 1942. About one week prior to death her blood picture was: Hemoglobin, 110 per cent; red blood cells, 5.92 millions; white blood cells, 39,800; polymorphonuclears, 64 per cent; "stabs," 25 per cent; and lymphocytes, 29 per cent.

The fourth pregnancy, in 1942, was uneventful. A boy, born on August 22 at Stanford Hospital, was observed to be jaundiced six hours after delivery. The liver and spleen were greatly enlarged. Blood count: Red blood cells, 4.3 million; hemoglobin, 78 per cent; white blood cells, 40,800. Thirty hours after birth, it was observed that the spleen

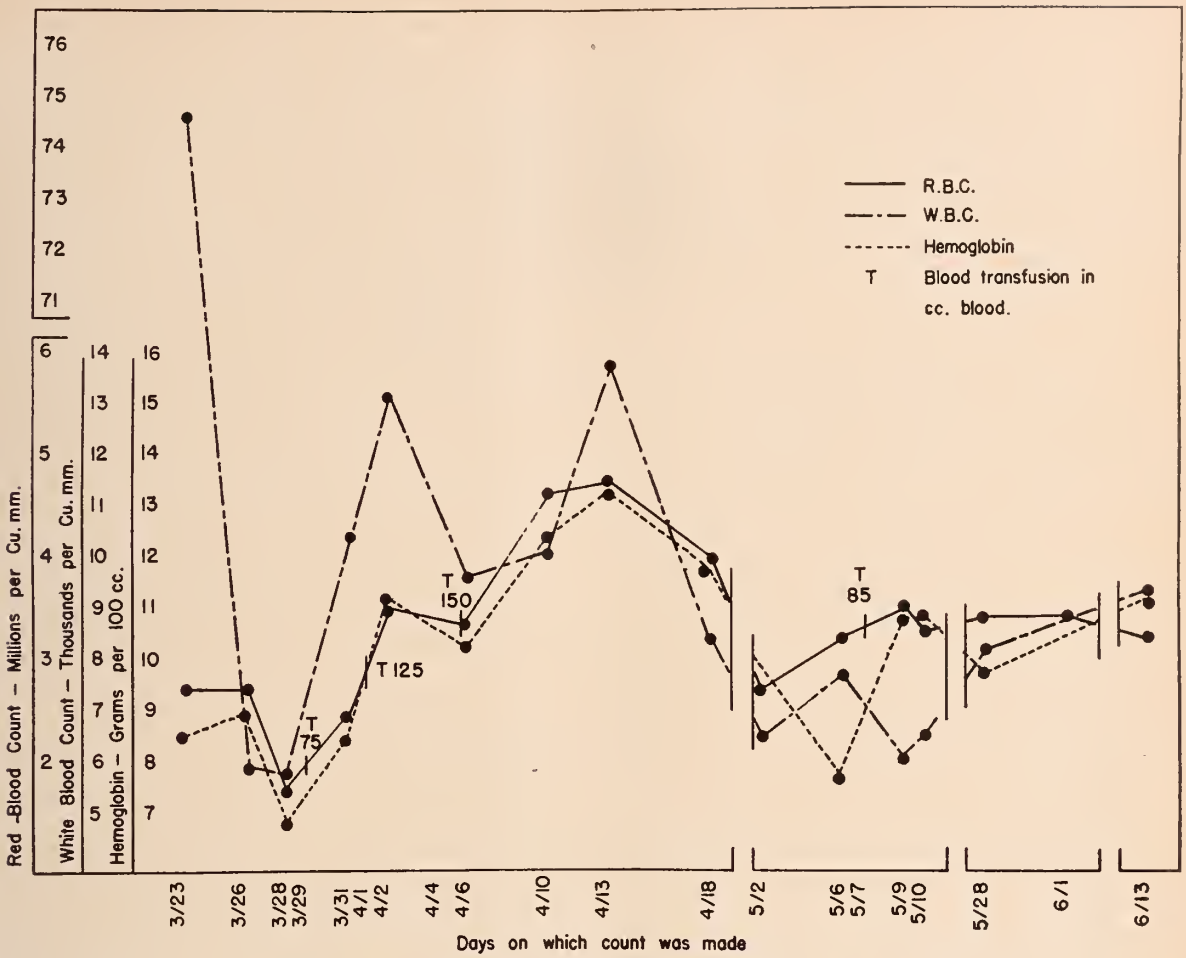


Chart 1.—Curves showing changes in blood picture of Baby *A* (Family 6), (erythroblastosis neonatorum), during a course of transfusions with Rh-negative blood.

extended down to the pelvic brim. The hemoglobin was 68 per cent; red blood cells, 2.96 million; white blood cells, 55,500; polymorphonuclears, 13 per cent; "stabs," 5 per cent; lymphocytes, 34 per cent; lymphoblasts, 31 per cent; monocytes, 5 per cent; normoblasts, 12 per cent. Serological tests showed the father and baby to be Rh+, and the mother, Rh—. The anti-Rh agglutinin titer of the mother's serum was 1:24. The baby was transfused with 85 cubic centimeters of whole, fresh, Rh negative blood. The following day his count was: Red blood cells, 3.83 million; hemoglobin, 85 per cent; white blood cells, 64,000. By August 28, the jaundice had almost entirely disappeared and the hemoglobin was 62 per cent. Another transfusion of 80 cubic centimeters of Rh negative blood was given on August 31 and a third, of 100 cubic centimeters, on September 2. The child has been doing well since September, 1942.

* * *

Family 8: Referred from the University of California Hospital. Mrs. All. had her first pregnancy two years ago; the child was normal. The second baby, born on March, 1942, at full term, was observed, six hours after birth, to be jaundiced, with an enlarged spleen and liver. The blood count was hemoglobin, 96 per cent; white blood cells and nucleated red blood cells, 87,000, of which 45 per cent were nucleated erythrocytes. The baby improved after several transfusions. Serological studies: Father, Type A, Rh+; mother, Type O, Rh—; baby, Type A, Rh+.

* * *

Family 9: Mrs. M.'s baby was born at the University of California Hospital, May 13, 1941. At birth it was covered with a yellow vernix caseosa. The spleen and liver were enlarged. White blood cells and nucleated red blood cells, 40,000; erythroblasts, 25 per cent. Father, Type AB, Rh+; mother, Type A, Rh—; baby not tested. No anti-Rh antibodies in mother's serum.

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Family 10: Baby Saun. Referred by Dr. Esther B. Clark of Palo Alto Hospital. Five weeks after birth the child was observed to be jaundiced. He improved after several transfusions, but suffered a severe reaction after the last one. Serological tests (March 23, 1942): Father, Type A, Rh+; mother, Type A, Rh—; baby, Type A, Rh+. No anti-Rh antibodies were demonstrable in the mother's serum.

* * *

Family 11: Mrs. Car., referred by University of California Hospital, gave birth to a child on July 31, 1942. Ten hours after birth the baby was jaundiced. The liver and spleen were not palpable. The hemoglobin was 114 per cent; red blood cells, 4,740,000; white blood cells and nucleated red blood cells 38,000, of which 18 per cent were nucleated erythrocytes; lymphocytes, 33 per cent; monocytes, 2 per cent. The child was transfused and recovered. Serological tests: Father, Type A, Rh+; baby, Type A, Rh+; mother, Type O, Rh+ when tested with two anti-Rh sera, and negative with a third (courtesy of Dr. Philip Levine).

* * *

Family 12: Referred by the University of California Hospital. Mrs. Leh., white, female, age 22, had her first

child three years ago. He had anemia when seven months of age, but is now well. The second baby was born on April 1, 1942, and was observed to be jaundiced five hours after birth. At this time the blood count was: Hemoglobin, 82 per cent; red blood cells, 3.6 million; nucleated red blood cells, 3 per cent; white blood cells, 33,000. At three days of age it died, with a diagnosis of *icterus gravis*, in spite of several transfusions. Serological tests revealed: Father, Type O, Rh+; mother, Type B, Rh—; baby, Type O (Rh not tested); living son, Rh+. A high titer of anti-Rh antibodies was reported by Doctor Levine of Newark Beth Israel Hospital.

* * *

Family 13: Mrs. Fit. Referred by Doctor Jaudon of St. Louis, Missouri. The patient is the wife of a soldier at a military camp in California. The first pregnancy, about four years ago, resulted in a miscarriage. Subsequently a child with *icterus gravis* was born. The amniotic fluid was yellow and the baby's skin was severely jaundiced at birth. The red blood cell count was 900,000 with numerous erythroblasts. The child suffered from a persistent low-grade anemia in spite of numerous transfusions, but recovered after another year of continuous treatment.

In July, 1943, the mother was referred to us because she had become pregnant again. Blood studies revealed: father, Type A, Rh+; living baby, Type A, Rh+; mother, Type A, Rh—. No anti-Rh antibodies were demonstrable. Mrs. Fit. gave birth to a stillborn baby, with the diagnosis erythroblastosis fetalis, in October, 1943.

GROUP C: CONGENITAL ANEMIA

Family 14: Mrs. A. E. Lew., a patient of Dr. C. Bost, had her first child, a boy, fourteen years ago. He is living and well. The mother was anemic during this pregnancy. The second child was born early in 1942. At seven months of age, he suffered from anemia, requiring two blood transfusions. The mother's erythrocytes are Rh— (no anti-Rh antibodies); the father's, Rh+; baby's, Rh+; oldest son's, Rh+.

* * *

Family 15: Referred by St. Francis Hospital, Mrs. Gil. suffered from hypertension during her first pregnancy about five years ago. When her second child was born, some time later, it was anemic: Hemoglobin, 45 per cent; red blood cells, 2,000,000. After two transfusions, the blood count was: Hemoglobin, 52 per cent; red blood cells, 3,980,000. Serological tests: Father, Type O, Rh+; mother, Type O, Rh—; baby, Type O, Rh+.

GROUP D: HETEROSPECIFIC PREGNANCIES

Family 16: Mr. and Mrs. H. and daughter, M. H., were referred by Doctors Faber and Fluhmann of Stanford-Lane Hospital. Mrs. H. lost one child a few years ago during the sixth month of pregnancy, and another in the third month. The present child, a premature baby, suffered with very marked edema of both feet. This condition has not completely cleared up at the time of writing this report (July 21, 1943). The baby is seventeen months of age. At birth a blood smear showed 30 per cent nucleated red blood cells. This number decreased after five days. There was no jaundice.

Serological tests showed the father to be Type A, Rh—; mother, Type B, Rh+; and baby, Type AB, Rh+. The antigen A, present in the baby's blood and absent in the mother's, may have given rise to antibodies in the latter which destroyed the child's erythrocytes. Family 11 may also belong to this category. The father and child both are in Group A, while the mother is in Group O, thus giving opportunity for the development of anti-A antibodies in the mother's blood.

GROUP E: THE RH FACTOR AS A CAUSE OF CERTAIN TRANSFUSION REACTIONS

(a) *The anamnestic reaction ("recall" phenomenon) in patients who in the past had babies with erythroblastosis fetalis or had obstetrical difficulties.*

Family 17: Referred by Stanford University Hospital. Mrs. J. is the mother of two married daughters—Mrs. Gue., age 21, and Mrs. P., age 19. Mrs. J.'s marital history is as follows: Her first pregnancy, about twenty-four years ago, terminated with the death of the fetus from placenta previa at the end of the sixth month. During the next two pregnancies, Mrs. J. was acutely ill, suffering from severe nausea and vomiting. With the birth of the third child (now Mrs. P., who is Rh+), Mrs. J. had a severe hemorrhage. Recently (November, 1942) a hysterectomy was performed on her by Doctor Norris at Stanford-Lane Hospital. She developed severe hematuria following a transfusion. Serological studies at Mount Zion Hospital revealed: Mrs. J., Type O, Rh—; Mr. J., husband, Type O, Rh+; Mrs. Gue., older daughter, Type O, Rh+; Mrs. P., younger daughter, Type O, Rh+, with one test serum, and Rh— with another. The husbands of these daughters have the following blood types: Mr. P., Type A, Rh+; Mr. G., Type O, Rh+. Mrs. P. was delivered of a normal female child on July 11, 1943, at Stanford-Lane Hospital. Mr. P. is evidently heterozygous, with respect to the character Rh.

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Family 18: Several years ago Mrs. P. had a spontaneous miscarriage at the third month of pregnancy. She again miscarried recently and was transfused with 500 cubic centimeters of blood on April 13, 1943, because of bleeding after a D. and C. A second transfusion with Type A blood was given on April 29, after which she had hematuria, severe chills, and pain in the chest. It was now discovered that her erythrocytes are Rh negative. A subsequent transfusion with Rh negative blood was given without any reaction.

(b) *Male or female patients who have developed anti-Rh antibodies as the result of more than one transfusion.*

Family 19: Mr. F., a surgical patient in the Mount Zion Hospital, was transfused on January 16, 1942, with no untoward results. He was again transfused on January 20 and 21, at which time he developed intense chills and fever. A check of the blood showed Mr. F. to be Rh negative and that he had been receiving Rh positive blood.

GROUP F: APPLICATION OF THE RH FACTOR IN LEGAL MEDICINE (AID IN THE ESTABLISHMENT OF THE IDENTITY OF TWINS)

Family 20: This protocol is cited to show how tests for the presence of the Rh antigen in erythrocytes have been used to aid in proving that twins are identical.

The Gar. brothers, now 50 years of age, looked exactly alike during childhood and could not be told apart. Both show the following blood groups: $A_1M+N+Rh-Hr+$ (tests performed by Dr. Philip Levine).

DISCUSSION

The case histories of twenty families have been presented in order to illustrate the clinical importance of the newly discovered Rh antigen. As shown by Philip Levine and his collaborators, isoimmunization of a mother with the Rh antigen, when she herself lacks this character, may be responsible for a variety of related pathological conditions affecting either the mother or baby, or both. Among these are erythroblastosis fetalis (comprising, according to Javert,[13] hydrops fetalis, icterus gravis, congenital anemia, and certain

hemorrhagic diatheses), as well as repeated neonatal deaths, and, in some instances, toxemias of pregnancy and recurring miscarriages.

In most of our cases of erythroblastosis fetalis (groups A, B and C, above), it was possible to demonstrate the hereditary, Mendelian dominant character Rh in the blood of the father and that of the offspring and its absence in the mother. It is well to call attention at this time to the fact that Levine,[16] Javert,[13] and Potter, Davidsohn and Crunden,[17] among others, have encountered cases of erythroblastosis fetalis in which the mother possesses the Rh factor and the baby does not. There have also been instances in which only one of two twins developed the disease.[18]

In attempting to explain these exceptions, it was demonstrated that there are several Rh antigens (Rh_1, Rh_2, Rh_3) as well as an additional related agglutinogen Hr.[8,10,14] Moreover, in some instances iso-immunization of a mother may take place as the result of a heterospecific pregnancy, that is, an incompatibility between the mother's serum and the fetal erythrocytes.[19,22] This is illustrated in Family 16, where the father belongs to Group A, the mother to B, and the child to AB. Likewise, in Family 11, where the father and child both belong to Group A and the mother to Group O. In either of these situations an increase in anti-A antibodies may be demonstrable in the mother's serum. These maternal antibodies may attack the fetal red cells before they are absorbed by the group specific substance present in the tissues. Boorman and Dodd[19] suggest that hemolysis takes place because of an insufficiency of the corresponding group specific substances in the body fluids of the fetus.

Boorman, Dodd, and Mollison[15] have called attention to the fact that there is no correlation between the titer of anti-Rh antibodies in either the mother or child and the severity of symptoms. Our data are in accord with this opinion. Moreover, it has not been possible to demonstrate *in vitro* the phenomenon of hemolysis, which presumably is at the basis of both the icterus and the anemia in fetal erythroblastosis. It has been assumed, therefore, that there are unknown mechanisms which influence the storage of Rh antibodies in the cells of the reticulo-endothelial system and the speed and the quantities in which they are released during pregnancy or after the birth of the child.

The release of anti-Rh antibodies from the tissue cells may take place as many as twenty-four years after "storage," as illustrated in patient 17, who suffered from the so-called anamnestic reaction or "recall" phenomenon. For this reason, a careful history must be obtained before transfusing women who have given birth to babies with anemia, icterus or fetal erythroblastosis.

It is also good practice to make careful blood counts and differential smears from the cord blood of all newborn babies in order to detect at the earliest possible moment the existence of erythroblastosis and to be prepared for the emergency by maintaining a panel of Rh negative donors.[13]

Levine[20] urges that Rh tests be done "in all obstetric cases because the process of iso-immunization may already have been initiated so that although the first one or two Rh+ newborn infants of an Rh— mother may be normal, nevertheless Rh+ blood either will not be tolerated or will not survive in the Rh— mother's circulation."

There are a number of factors of safety which tend to diminish the incidence of fetal death due to the Rh factor. "In the great majority of the 13 per cent of the susceptible matings, that is, Rh+ husband and Rh— wife, the latter is not immunized. Furthermore, the first one or two Rh+ children of such matings are frequently normal. About half of the Rh+ fathers are heterozygous, so that 50 per cent of the offspring must be Rh— and, therefore, incapable of immunizing the mother."[20]

Figure 1 illustrates the treatment of babies with fetal erythroblastosis, employing Rh negative blood of the homologous type. Several transfusions may be required and several months may elapse before the blood picture becomes normal. While in some instances success has been obtained with the use of Rh positive blood, it has been pointed out[15] that the rate of destruction of this blood in the circulation of infants may vary enormously from case to case. In many babies, Rh positive blood will be very quickly removed from the circulation. When no other suitable donor is available, one may wash the mother's (Rh—) red cells free from serum which contains the antibodies and transfuse the baby with the erythrocytes resuspended in physiological saline.[23]

In addition to its importance in the diagnosis and treatment of diseases referred to above, the Rh factor has assumed an ancillary rôle in legal medicine; for example, as an aid in the establishment of nonpaternity and the identification of criminals. In the present communication we demonstrated the possibility of its use in helping to prove the identity of twins.

Data have also been presented which illustrate the rôle of the agglutinogen Rh as a cause of certain types of transfusion reactions.[24] These may occur either in women who at one time had given birth to babies with anemia, jaundice or erythroblastosis, or in both men and women who lack the Rh factor and have been immunized to it as the result of repeated transfusions. The first of these two types illustrate the so-called "anamnestic reaction" or "recall" phenomenon. Similar cases have recently been reported by Levine.[16] Anti-Rh antibodies which have been fixed to the tissues are released, even after an interval of many years, and by uniting with the recently reintroduced antigen, may cause the untoward symptoms familiar under the term of "transfusion reaction."

CONCLUSIONS

1. Tests for the Rh antigen should be made routinely on the blood of all newborn babies with anemia, jaundice, or hydrops fetalis; on all women with toxemias of pregnancy, repeated miscarriages

or neonatal deaths, and, if possible, on all women who are pregnant or contemplate pregnancy; also on all persons, male or female, who are to have repeated transfusions.

2. Every community should have access to a panel of donors belonging to each of the four blood groups whose erythrocytes lack the Rh antigen (Rh—).

3. Blood counts and differential smears should be made from the cord blood of all newborn babies in order to be on the alert for the existence of erythroblastosis neonatorum.

Post and Scott streets.

REFERENCES

1. Levine, P., and Stetson, R. E.: An Unusual Case of Intragroup Agglutination, J. A. M. A., 113:126, 1939.

2. Landsteiner, K., and Wiener, A. S.: Studies on an Agglutinogen (Rh) in Human Blood Reacting with Anti-Rhesus Sera and with Human Iso-Antibodies, Jour. Exp. Med., 74:309, 1941.

3. Levine, P., and Katzin, E. M.: Iso-Immunization in Pregnancy and the Varieties of Iso-Agglutinins Observed, Proc. Soc. Exp. Biol. & Med., 45:343, 1940.

4. Levine, P., Burnham, L., Katzin, E. M., and Vogel, P.: The Rôle of Iso-Immunization in the Pathogenesis of Erythroblastosis Fetalis, Am. Jour. Obs. & Gyn., 42:925, 1941.

5. Levine, P.: The Rôle of Iso-Immunization in Transfusion Accidents and in the Pathogenesis of Erythroblastosis Fetalis, Am. Jour. Clin. Path., 11:898, 1941.

6. Levine, P., Katzin, E. M., and Burnham, L.: Iso-Immunization in Pregnancy, J. A. M. A., 116: 825, 1941.

7. Levine, P., and Polayes, S. H.: An Atypical Hemolysin in Pregnancy, Ann. Int. Med., 14:1903, 1941.

8. Levine, P., Katzin, E. M., Vogel, P., and Burnham, L.: "Blood Substitutes and Blood Transfusion." Chap. 31. "The Antigenicity of the Rh Blood Factor in Transfusion and Pregnancy—Its Rôle in the Etiology of Erythroblastosis Fetalis." Springfield, Ill., and Baltimore, Md., Charles C. Thomas, pp. 309-326, 1942.

9. Mayer, M. D., and Vogel, P.: An Intra-Group Hemolytic Transfusion Reaction Due to the Rh Agglutinogen as a Result of Iso-Immunization in Pregnancy, Jour. Mt. Sinai Hospital, 8:300, 1941.

10. Davidsohn, I., and Toharsky, B.: The Rh Blood Factor: An Antigenic Analysis, Am. Jour. Clin. Path., 12:434, 1942.

11. Diamond, I. K.: Hemolytic Transfusion Reactions Due to the Rh Factor: A Preventable Danger, New Eng. Jour. of Med., 227:857, 1942.

12. Kariher, D. H., and Spindler, H. A.: Erythroblastosis Fetalis and the Blood Factor Rh, Am. Jour. Med. Sc., 205:369, 1943.

13. Javert, C. T.: Further Studies on Erythroblastosis Neonatorum of Obstetric Significance, Am. J. Obs. & Gyn., 43:921, 1942.

14. Fisk, R. T., and Foord, A. G.: Observations of the Rh Agglutinogen of Human Blood, Am. Jour. Clin. Path., 12:545, 1942.

15. Boorman, K. E., Dodd, B. E., and Mollison, P. L.: Clinical Significance of Rh Factor, Brit. Med. Jour., 2:535, 1942; *ibid.* 2:569, 1942.

16. Levine, P.: Personal Communication to the Author.

17. Potter, E. L., Davidsohn, I., and Crunden, A. B.: The Importance of the Rh Blood Factor in Erythroblastosis Fetalis, Am. Jour. Obs. & Gyn., 45:260, 1943.

18. Kariher, D. H.: Erythroblastosis Foetalis (Hemolytic Disease of the Newborn) Occurring in One of Twins, J. A. M. A., 122:943, 1943.

19. Boorman, K. E., and Dodd, B. E.: The Group-Specific Substances, A, B, M, N, and Rh: Their Occurrence in Tissues and Body Fluids, Jour. of Path. & Bact., 55:329, 1943.

20. Levine, P.: Serologic Factors as Possible Causes in Spontaneous Abortions, Jour. Heredity, 34:71, 1943.

21. Levine, P.: The Rh Factor in Erythroblastosis and Transfusion Accidents, Proc. N. Y. State Assn. Pub. H. Labs., 22:42, 1942.

22. Levine, P.: Erythroblastosis Foetalis and Other Manifestations of Iso-Immunization, West. Jour. Surg., Gyn. & Obs., 50:468, 1942.

23. Wiener, A. S., and Wexler, I. B.: Transfusion Therapy of Acute Hemolytic Anemia of the Newborn, Am. Jour. Clin. Path., 13:393, 1943.

24. Wiener, A. S.: "Blood Groups and Transfusion." Ed. 3. Springfield, Ill., and Baltimore, Md. Charles C. Thomas. Pp. 367 (Chap. 20), 1943.

EXOPHTHALMOS IN DISEASES OF THE THYROID*

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SINCE the first description of hyperthyroidism by Parry,[1] exophthalmos has been considered an integral part of this syndrome. Seventy-five years ago, Von Graefe[2] drew attention to the eye signs and discussed many of the factors in exophthalmos that all too often have escaped subsequent notice.

Stare, characterized anatomically by retraction of the upper lids and exposure of the sclerae above the iris, is frequently misinterpreted as exophthalmos. A staring expression is more commonly seen in exophthalmic goiter than is measurable protrusion of the eyeballs and generally disappears following adequate treatment of the hyperthyroidism.[3,4] It can be distinguished from true exophthalmos by having the patient close his eyes gently so that the actual prominence of the globes can be estimated by scrutiny of the eyes from both the anterior and lateral aspects.

True exophthalmos, on the other hand, is associated with a number of subjective and objective phenomena that aid in a more or less precise estimate of its presence. The eyes usually have both a staring and uncomfortably prominent appearance. Lacrimation is often excessive and the conjunctivae may be injected; this also may be reflected subjectively by local irritation and discomfort. Patients not infrequently complain of a sense of pressure behind the eyes and less often of frontal headaches of varying severity. Palpation reveals increased orbital resistance due to increased volume of the postglobal tissues of the orbit. More of the

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sclera above the iris is exposed and the eyes appear to bulge forward and downward so that more of the sclera below the iris shows than is usual in normal persons. Periorbital edema is common and is characterized by local swelling of both eyelids. As pointed out by H. C. Naffziger,[5] a finger-like area of edema of the upper lid, widest at the nasal end, is present when this periorbital edema is of severe degree. Edema of the sclera is seen only with severe exophthalmos and considerably alters the prognosis, as far as the eyes are concerned, since so many in this group will eventually need supraorbital decompression.[5] Unilateral exophthalmos is rare, whereas a greater degree of exophthalmos on one side than on the other is not uncommon. A wider palpebral fissure on one side should not be confused with unilateral exophthalmos. Lid lag is found with or without exophthalmos, but is more common and usually more accentuated when the latter is present. Impaired convergence may result from a number of causes, among which is weakness of one or both internal rectus muscles resulting from edema and cellular infiltration of the extraocular muscles in exophthalmic goiter. These same tissue changes cause diplopia when they are extensive. In brief summary, many, and even all, of the symptoms and signs enumerated occur with significant exophthalmos and should lead to an accurate clinical estimate. In turn, this accurate clinical estimate will be important in the instances of severe exophthalmos, since the patient then will be followed more carefully and appropriate treatment directed to the eyes *per se*.



Fig. 2.—High-power photomicrograph (X120) of a section of muscle from the same section shown in Plate 1.



Fig. 1.—Photomicrograph (X60) of extraocular muscles of a patient with severe, progressive exophthalmos; biopsy during supraorbital decompression. There is marked edema of the interstitial tissues and of muscle fibers. Cellular infiltration was present, but does not show clearly in the photomicrograph.

ETIOLOGY

The cause of exophthalmos in hyperthyroidism in man now has been adequately explained by (1) edema, cellular infiltration, late fibrosis of the extraocular muscles (Figures 1 and 2), and (2) edema of other tissues of the posterior orbit.[5,6] These tissue changes are not due to hyperthyroidism directly; indeed, they are seen in the extreme after the hyperthyroidism has been treated and hypothyroidism perhaps has followed. Sympathetic stimulation is no longer thought to play a part.[7] Marine,[8] Smelser,[9] Aird,[10] and others, believe that the tropic hormones of the anterior pituitary, particularly the thyrotropic, may be secreted in excess and may be responsible for the tissue changes found in experimental animals and in man.* These tissue changes, particularly of muscles, occur elsewhere in the body and recently have been stressed by Morgan and Williams.[11]

From the practical standpoint, a change involving degeneration and increased volume of the orbital tissues is important because the orbit is a closed cavity and the only way for these edematous tissues to gain more space is to push the globe of the eye forward. This, of course, produces exophthalmos and interferes with venous return from the orbit, so that a vicious cycle results with still further

* Studies on the thyrotropic hormone in the urine of patients with exophthalmos are now in progress in collaboration with Dr. Leslie L. Bennett. Hertz and Colver, quoted in reference 14, previously have done similar work in a paper now in preparation.



Fig. 3.—Photomicrograph (X120) of section of eye muscle removed during a supraorbital decompression from a 48-year-old Chinese male with severe exophthalmos, bilateral corneal ulceration and infection. Though these eye muscles are not normal, there is surprisingly little edema, cellular infiltration or fibrosis when one considers that his right eye regressed 6 mm. following decompression and his left eye 5 mm. The reaction here is a much more chronic one than that shown in Figures 1 and 2.

edema and proptosis as the end effect. Progressive exophthalmos is that stage in which the process is irreversible and where the nutritional state is such that corneal ulceration and panophthalmitis are common sequelae. In such a state, supraorbital decompression may be life-saving.

One can calculate from average volume measurements of the orbital cavity that an increase of 10 to 20 per cent in the volume of the orbital contents will cause a proptosis of about 1.5 to 3.0 millimeters.* A state of edema that increases the volume of a muscle by 10 per cent or more is not demonstrable by ordinary pathological techniques employed in examination of surgical specimens, a fact that accounts for minimal pathological changes seen in severe exophthalmos (Plate 3).

MEASUREMENTS OF EYES IN PATIENTS WITH VARIOUS TYPES OF GOITER

Several types of instruments are suitable for the measurement of exophthalmos. The Hertel ophthalmometer was used in studying our patients and normal controls. This instrument allows reasonable accuracy after the operator has gained experience by practice. The actual measurement obtained is the distance between the deepest portion of the lateral wall of the bony orbit and the point of greatest convexity of the cornea. When the instrument is properly placed as described in a previous article,[4] the error of measurement for the individual trained observer is about one-half to one millimeter.

Using this method, the degree of exophthalmos was determined in 165 patients with toxic diffuse goiters, in 74 patients with toxic nodular goiters, and in 92 patients with nontoxic nodular goiters. The eyes of 65 normal persons were measured as a control series. The patients were subjected to repeated measurements after treatment of their hyperthyroidism to determine changes in the prominence of their eyes.

The results of measurements made before treatment are shown in Table 1. The eyes of normal persons and of those with nontoxic goiters are equally prominent. This finding should be expected since patients with nontoxic goiters should not have exophthalmos unless the goiter is of such size that the venous return from the head is interfered with, and venous pressure in the orbit is raised above normal.

Patients with toxic diffuse goiters have more prominent eyes than normal persons.[4,12] In a previous report, Soley [4] found this difference to be a significant one in 106 patients. Since that report, fifty-nine more such patients have been studied, with similar findings (Table 1). Mainini [12] made similar observations, but found fewer patients without measurable exophthalmos. If one concedes that the mechanism of production of exophthalmos is that described above, then variation in edema of the orbital tissues must be expected and, consequently, a variation in the degree of protrusion of the eyeball. This degree of protrusion, in turn, would not cause such evident exophthalmos in a person whose normal measurements were 12 millimeters for each eye as in one whose normal measurements were 18 millimeters. When measurements fall within normal limits, periorbital edema, increased orbital resistance, conjunctival injection and scleral edema aid in deciding whether or not actual exophthalmos is present.

Patients with toxic nodular goiters have more prominent eyes than either normal people or patients with nontoxic nodular goiter, but exophthalmos is not so marked as in patients with toxic

TABLE 1.—*Measurements of Eyes* in Normal Persons and Patients with Various Thyroid Diseases Before Treatment.*

Subjects	Eye	Number of Subjects	Mean	Range
Normals	Rt. eye	65	15.9	11.5–20.0
	Lt. eye	65	15.9	
Patients with non-toxic nodular goiter	Rt. eye	92	15.8	12.5–22.5
	Lt. eye	92	15.9	12.0–22.5
Patients with toxic diffuse goiter	Rt. eye	165	17.4	11.0–29.0
	Lt. eye	165	17.4	12.0–28.0
Patients with toxic nodular goiter	Rt. eye	74	16.3	9.5–22.5
	Lt. eye	74	16.3	10.0–22.5

* All measurements were made with the Hertel Exophthalmometer and were recorded in millimeters to indicate the distance between the deepest portion of the lateral wall of the orbit and the point of greatest convexity of the cornea.

* A preliminary study with J. B. de C. M. Saunders indicates that an increase in volume of the orbital contents of 14 per cent will cause a protrusion of about 1.5 millimeters, and of 21 per cent about 3 millimeters.

TABLE 2.—*Changes in Exophthalmos After Treatment.*

	Treatment	Number of Patients Followed with Serial Measurements	Increase in Prominence of Eyes of 1.5 mm. or More (number of patients)	Decrease in Prominence of Eyes of 1.5 mm. or More (number of patients)
Patients with toxic diffuse goiter	Operated (subtotal thyroidectomy)	130	54	6
	X-rayed	23	3	6
Patients with toxic nodular goiter	Operated	49	15	4
Patients with non-toxic nodular goiter	Operated	57	10	0

diffuse goiter. This may be explained by the fact that patients with hyperthyroidism and a nodular goiter usually have had a longer and milder course than those with hyperthyroidism and a hyperplastic goiter without nodules, so that the changes in the orbital tissues are more gradual and better tolerated.[4] In addition, the patients with toxic nodular goiters tend to be older by eight to ten years than those with toxic diffuse goiters. It is common observation that exophthalmos becomes less frequent as age increases in either group of thyrotoxic patients.

CHANGES IN PROMINENCE OF EYES FOLLOWING TREATMENT

The changes in the prominence of eyes of patients with various thyroid diseases following treatment is of interest both to the patient and to his physician. Table 2 summarizes these data. An increase or decrease of 1.5 millimeters or more was considered significant since the experienced observer measuring exophthalmos with a Hertel ophthalmometer should be able to check his readings within 0.5 to 1.0 millimeter. Many patients had increases of 2.0 to 5.0 millimeters in their exophthalmos, whereas only a few had a decrease of 1.5 millimeters or more.

Of the patients with toxic diffuse goiters who underwent the procedure of subtotal thyroidectomy, 130 were followed sufficiently long (up to seven years) to determine the changes in exophthalmos. Fifty-four, or 41.5 per cent, had a significant increase in exophthalmos, while only six, or 4.6 per cent, had a significant decrease. In the x-rayed series of twenty-three patients followed for similar lengths of time, only three, or 13.0 per cent, had a significant progression of their exophthalmos.

The changes in the prominence of the eyes of the patients with toxic nodular goiters were similar, since fifteen, or 30.6 per cent, of forty-nine followed had an increase in exophthalmos, and four, or 8.2 per cent, showed a decrease.

More difficult of explanation is the finding that ten, or 17.5 per cent, of the patients with nontoxic nodular goiters had significant protrusion of their eyes following subtotal thyroidectomy. The orbital tissues of none of these patients have been examined pathologically, so the mechanism of this change is not known. It is conceivable that the anterior lobe of the pituitary gland may play a part and that the immediate cause is again edema and other cellular alterations in the extraocular muscles and orbital fat.

DISCUSSION

It is surprising that the various instruments used for measuring exophthalmos have not been employed more frequently in patients with thyroid diseases. Series of measurements give us information about the incidence of exophthalmos and the changes in eyes following treatment of the thyroid conditions. For example, it is now apparent that malignant exophthalmos is only extreme progression of exophthalmos, and that moderate progression takes place in 30 to 50 per cent of patients with either toxic diffuse or toxic nodular goiter after subtotal thyroidectomy. Since progression has been shown to be less common in toxic diffuse goiter treated with x-ray,[13] this type of therapy may be desirable in patients in whom exophthalmos is a presenting symptom,[4,14] Roentgen therapy is not desirable when the patient has a nodular goiter since a small percentage of the nodules will be neoplastic.[15,16,17]

Patients whose eyes were more prominent by measurement with an ophthalmometer were, in general, ones whose eyes appeared to be more exophthalmic by clinical observation.[4] This again points to the fact that good clinical observation is often as important as precise methods of measurement.

The cause of the edema and cellular infiltration in the orbital tissues is not completely solved. These changes can be produced, experimentally, in animals by thyrotropic hormone injections (Aird[10]), and are more marked following thyroidectomy (Marine[8]). Edema resulting from hypersecretion of thyrotropic hormone may interfere with the venous return from the orbit and with nutrition of the orbital tissues, which in turn will cause further edema, cellular damage, and progressive exophthalmos. Supraorbital decompression (and this effect may be life-saving) provides greater space for the extraocular muscles and other structures, allowing better venous drainage and permitting the optic nerve to recover normal function and corneal ulcers to heal.

Any cause of edema of orbital tissues may produce exophthalmos which is usually not associated with a stare and, therefore, often not noticed. Such diseases as mediastinal tumors with interference of venous drainage from the head, nephritis[18] and myxedema[12] should be included in this group. We have had several patients with myxedema whose

eyes regressed 1.5 to 2.0 millimeters after adequate substitution therapy with thyroid.

Although the exophthalmos discussed in this paper is limited to that seen in thyroid diseases, it must be remembered that there are many other diseases associated with proptosis of the eyeball. These may be listed briefly as follows: sinusitis, intracranial arteriovenous aneurysms, benign or malignant tumors (either primary or metastatic) of the orbit or skull, thrombosis of the cavernous sinus, xanthamatosis, congenital malformation of the skull, Paget's disease, hypertension, nephritis, gumma of the orbit, and voluntary exophthalmos. We have learned from experience that patients with severe exophthalmos require more frequent clinical observation to prevent, if possible, progression of exophthalmos. We feel that radical subtotal thyroidectomy is not indicated, but if thyroidectomy must be carried out because of the large size of the goiter or because it is nodular, more thyroid tissue should be left *in situ* than is customary. Routinely, our surgeons leave 3 to 4 grams; in this special group of exophthalmic patients, 5 to 7 grams should be left in order that no patient will go through a phase of hypothyroidism during the period of six to twelve weeks postoperatively. If hypothyroidism complicates the patient's convalescense, thyroid should be administered in a dosage that precludes any possibility of myxedematous changes in the orbital tissues. Usually, serum protein levels can be kept normal with adequate protein intake, thus eliminating another possible cause of edema.

Empirically, we have found that patients with symptoms of lacrimation and photophobia are relieved in part with large doses of vitamin A (50,000 to 75,000 units) daily. Biophotometer tests and low blood levels of vitamin A and carotene indicated vitamin A deficiency in some of these patients.

SUMMARY

Normal persons and patients with nontoxic nodular goiters have equally prominent eyes. Patients with toxic diffuse goiters have significantly more prominent eyes than normal persons. Patients with toxic nodular goiters in general have less prominent eyes than those with toxic diffuse goiters.

About 40 per cent of patients with toxic diffuse goiters have progression of exophthalmos following subtotal thyroidectomy, while only about 5 per cent have regression. A much smaller percentage (13 per cent) of our series of patients treated with roentgen rays had a significant increase in prominence of their eyes. Of fifty-seven patients with nontoxic nodular goiters, 17 per cent had a significant increase in the prominence of their eyes following subtotal thyroidectomy.

Exophthalmos associated with toxic goiters is produced by edema, cellular infiltration, and sometimes fibrosis of the extraocular muscles, and edema of other orbital tissues. These tissue changes in such patients may be caused by hyperactivity of the anterior lobe of the pituitary gland, particularly hypersecretion of the thyrotropic hormone.

A staring expression should be differentiated from true exophthalmos. Exophthalmos may be recognized by actual prominence of the globe and by coincidental signs such as conjunctivitis, periorbital and scleral edema, excessive lacrimation, abnormal function of the extraocular muscles and increased orbital resistance. Exophthalmos may be confirmed by measurement of the prominence of the eyes by an ophthalmometer.

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REFERENCES

1. Major, R. H.: "Classic Descriptions of Disease." Charles H. Thomas, Springfield and Baltimore, 232-237, 1932.

2. *Ibid.*, 244-246.

3. Cattell, R. B.: Eye Complications in Exophthalmic Goiter: Cataracts and Exophthalmos, Ann. Surg., 100:284-303 (Aug.), 1934.

4. Soley, M. H.: Exophthalmos in Patients with Various Types of Goiter, Arch. Int. Med., 70:206-220 (Aug.), 1942.

5. Naffziger, H. C.: Progressive Exophthalmos Following Thyroidectomy: Its Pathology and Treatment, Ann. Surg., 94:582-586 (Oct.), 1931.

6. Thomas, H. M., Jr., and Woods, A. C.: Progressive Exophthalmos Following Thyroidectomy, Johns Hopkins Hospital Bull., 59:99-113, 1936.

7. Pochin, E. E.: Ocular Effects of Sympathetic Stimulation in Man, Clin. Sci., 4:79-89 (June), 1939.

8. Marine, D.: Pathology and Physiology of Exophthalmos, Ann. Int. Med., 12:443-453 (Oct.), 1938.

9. Smelser, G. K.: The Histology of Orbital and Other Fat Tissue Deposits in Animals with experimentally Produced Exophthalmos, Am. J. Path., 15:341-352 (May), 1939.

10. Aird, R. B.: Experimental Exophthalmos and Associated Myopathy Induced by the Thyrotropic Hormone, Ann. Int. Med., 15:564-581 (Sept.), 1941.

11. Morgan, H. J., and Williams, R. H.: Muscular Atrophy and Weakness in Thyrotoxicosis, South. Med. J., 33:261-269, 1940.

12. Mainini, C. G.: Exophthalmometric Measurements in Patients with Thyroid Diseases with Some Discussion of Their Significance, Ann. Int. Med., 16:415-426 (March), 1942.

13. Soley, M. H., Stone, R. S.: Roentgen-Ray Treatment of Hyperthyroidism, Arch. Int. Med., 70:1002-1016 (Dec.), 1942.

14. Hertz, S., Means, J. H., and Williams, R. H.: Graves's Disease with Disassociation of Thyrotoxicosis and Ophthalmopathy, Western J. Surg., 49:493-498 (Sept.), 1941.

15. Rienhoff, W. H.: A New Conception of Some Morbid Changes Occurring in Diseases of the Thyroid Gland Based on Experimental Studies of the Normal Gland and the Thyroid in Exophthalmic Goiter, Medicine, 10:257-322 (Sept.), 1931.

16. Schlesinger, M. J., Gargill, S. L., and Saxe, I. H.: Studies in Nodular Goiter. Incidence of Thyroid Nodules in Routine Necropsies in Nongoitrous Region, J. A. M. A., 110:1638-1641 (May 14), 1938.

17. Dailey, M. E., and Soley, M. H.: Symptomatology and Differential Diagnosis of Various Types of Nodular Goiter. In preparation.

18. Hanes, F. M.: Two Clinically Useful Signs, J. A. M. A., 121:1152-1153 (April 3), 1943.

ACUTE CALCIFIED SUBACROMIAL OR SUBDELTOID BURSITIS*

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IN recent years considerable interest has been manifested, especially in the English literature, regarding one of the causes for the so-called "painful shoulder," namely, calcified subacromial or subdeltoid bursitis. Like other conditions of unknown exact etiology, many forms of treatment have been proposed, each form having its own advocates, and each form producing satisfactory results. That the condition is not rare, but on the contrary quite common, is shown by the excellent report of Bosworth,[1] who examined 6,061 unselected, apparently healthy persons, and found calcium deposits in either one or both subacromial bursae in 165 (2.7 per cent): the calcium being present in sufficient quantity to be visible by means of fluoroscopy.

Definition.—Chiefly as the result of Codman's [2] epochal work on "The Shoulder," our conception of the term "calcified subdeltoid bursitis" has been immensely clarified. The terms "calcified subacromial" or "subdeltoid bursitis" are used synonymously, and indicate the presence of calcium deposits in the tendons of the short rotator muscles of the shoulder, namely, the supraspinatus, infraspinatus, subscapularis and teres minor, and the overlying serous subdeltoid bursa.

Nomenclature.—The confusion of the earlier writers in labeling this interesting condition is attested by the many descriptive terms given to it by the various authors. Our first recorded description in 1872 was by Duplay, who referred to it as "periarthritis humeroscapularis." Other authors have described the condition under the following captions: periarticular calcifications; painful shoulder; "Duplay's disease"; calcified bursitis; and subacromial calcifications.

ANATOMY

The subacromial bursa lies beneath the deltoid muscle and extends from the upper portion of the muscle to the under surface of the acromium process. It, therefore, separates the greater tuberosity of the humerus from the deltoid muscle, and its floor is in close contact with the tendons of the supraspinatus and infraspinatus muscle. All authors are agreed that there is no communication between the bursa and the shoulder joint. It acts as the gliding mechanism in abduction and rotation of the humerus and, therefore, disappears under the acromium during abduction.

The anatomical studies of the subacromial bursa received their greatest impetus from the observations of Codman and others, who called attention to the floor of the bursa rather than the bursa itself as the seat of pathological changes. The floor of the bursa is closely aligned with the tendons of the short rotators of the humerus, the most important of these being that of the supraspinatus muscle. This muscle originates in the supraspinatus fossa of the scapula and inserts in the uppermost facet of the greater tuberosity of the humerus. Although the tendons of the other short rotators, namely, the infraspinatus, subscapularis, and teres minor are closely fused in the formation of the capsule of the shoulder joint, accurate anatomical studies have clearly shown that it is the tendon of the supraspinatus muscle that is most commonly involved in this condition.

INCIDENCE

My interest in acute calcified subacromial bursitis was aroused when, during the course of a few years, in a small community of 10,000, I was personally able to see eleven such cases: a condition which I had previously thought to be extremely rare. This unwarranted preconception of the rarity of the condition was soon dispelled after reading Bosworth's [1] excellent statistical analysis. Bosworth's studies were made during the course of routine physical examinations on employees and applicants for employment of a large insurance company. This is the most comprehensive statistical study on the subject that I was able to find, not only in regard to the incidence of such calcifications in the general public, but also relative to the possible etiological factors in its causation. His observations covered a large group of presumably normal persons, and the results of these studies are most illuminating.

As stated before, calcium deposits were found in one or both bursae in 165 out of 6,061 examinations, an incidence of 2.7 per cent. All persons examined were office employees, the so-called white collar group, and worked either as typists or clerks. By careful x-ray and fluoroscopic studies, Bosworth was able to determine fairly accurately which of the tendons of the short rotators were involved. In over 50 per cent the deposit was found in the tendon of the supraspinatus. The tendon next most commonly involved was that of the infraspinatus. The right shoulder was involved twice as often as the left.

ETIOLOGICAL FACTORS

There is no known single factor involved in the production of this condition, the present consensus of opinion being that it is a degenerative process, a normal wear and tear, with multiple trivial trauma playing an important rôle.

Trauma.—The relationship of trauma to an acute attack of calcified subacromial bursitis is not well understood. In only a few cases is there a history of a definite single trauma. If a single trauma does immediately precede an attack, it is only an aggravating factor and its relationship is the same as that of a strain, either severe or trivial, to an inguinal hernia, namely, that the predisposing factor and pathological abnormality were already present. The effect of a single trauma is illustrated by the following case report, the only one in my small series in which trauma preceded the attack.

REPORT OF A CASE

CASE 1.—C. H., age 42, an insurance executive, while playing tennis struck his left shoulder against a brick wall. He was immediately seized with an acute, excruciating pain over the tip of the left humeral tuberosity. Palliative treatment afforded no relief, and operation was performed

* A résumé.

the next day under local anesthesia. The calcified mass was curetted out, with immediate relief. He was able to return to work the next day.

In only seven of Bosworth's forty-one cases of acute calcified bursitis was there a clear-cut history of antecedent trauma, and many were of a trivial nature, such as merely reaching for an object, that our imagination would have to be far-stretched to pin the blame on the trauma.

While acute trauma is only an aggravating factor, the question of repeated and usual trivial trauma must be given more consideration. The rotator tendons and the accompanying bursa are easily pinched between the humerus and acromium during abduction. Meyer,[3] after exhaustive studies on cadavers, and Codman have arrived at the following conclusions regarding the etiology of this condition: The tissues involved in subacromial bursitis are especially affected in what Meyer calls "use destruction." Minute tears are produced in the substance of the tendons. Because of the avascular nature of the tissues, necrosis occurs with degeneration of the fibers and the formation of calcium deposits. An acute inflammatory process occurs which produces tension in the unyielding fibers of the tendon, and finally breaks through and involves the overlying subacromial bursa.

Infection.—The possibility of a focal infection as a cause of this condition is without foundation. Removal of possible foci of infection has no influence on the disease. Cultures from the deposits and the surrounding tissues do not produce any pathogenic organisms, and although associated with severe pain there is no acute inflammatory reaction present.

Occupation.—Codman believes that the constant stretching and tension of the supraspinatus tendon, which occurs in certain occupations, is an important etiological factor. Bosworth's series showed that occupations requiring constant prolonged abduction of the arm foster the formation of calcium deposits. One-third of my cases occurred in persons employed as ranch workers who did a great deal of pruning and thus subjected their supraspinatus tendons to frequent stretching over a long period of time.

SYMPTOMS AND DIAGNOSIS

The symptoms of acute calcified subacromial bursitis are characteristic, and the diagnosis is usually easy. There is no mistaking an "acute" attack—the pain is severe and excruciating. The pathognomonic symptoms and findings are as follows:

1. There is an acute agonizing pain in the shoulder over the greater tuberosity of the humerus. The onset is usually sudden and may awaken the patient out of a sound sleep.

2. Tenderness is the most prominent finding, is exquisite in character, and is always present over the greater tuberosity of the humerus. The shoulder is "as sore as a boil." The point of tenderness and its severity cannot be mistaken for any other condition.

3. Voluntary abduction is impossible and rotation of the shoulder is very painful. There is considerable muscle spasm of the deltoid, and the arm is held rigidly to the side.

4. Roentgen findings are characteristic. The calcareous deposit is readily seen overlying the greater tuberosity of the humerus. It varies in density and thickness and occasionally may be multiple. Caution must be exercised in using the proper roentgenological technique, as the calcium deposit may be overlooked if it is superimposed on the shadow of the humerus or the acromium. Bosworth recommends fluoroscopy in the detection of the calcium deposits. By so doing he is able to put the shoulder within its full range of motion and take a spot film of each deposit.

The acute symptoms usually subside in about two weeks, but only a small minority of the patients are willing "to wear it out." Because of the severe pain and disability, they demand that something be done.

TREATMENT

This condition is sometimes self-limited and a few of the patients will obtain relief, at least temporarily, without any form of therapy. This has happened in two of my patients who had a complete remission of symptoms without any treatment. This fact leads to confusion when one attempts to evaluate the various forms of therapy, and also explains why it is possible for a proponent of a particular form of treatment to claim success for his own method.

The criterion of success in any form of therapy, whether surgical or medical, is, of course, the end-results. However, there are other factors which must be given serious consideration, and these include the length of disability, the period of hospitalization, the immediate relief of pain, the restoration of normal function, and the question of permanency. I am in agreement with the majority of authors that the best treatment for the acute attack is early and prompt incision of the calcified deposit. This is a relatively minor surgical procedure, can be performed under local or general anesthesia or with brachial-block anesthesia. The period of hospitalization is seldom over three or four days. Relief of pain is complete and immediate, with no possibility of recurrence. Normal movement is usually obtained in two to three weeks. However, there are a certain number of patients who will refuse surgical treatment. In these cases one of the other well-recognized forms of treatment may be administered. Although these other forms of treatment produce good and sometimes excellent results in experienced hands, the surgical excision of the calcified mass is the surest and quickest method of obtaining complete relief.

The following methods are available for the treatment of this condition:

1. *Surgical Excision by Open Operation.*—This is the method of choice used by the majority of orthopedic surgeons. Using either local, general, or brachial-block anesthesia, an incision is made directly over the involved bursa. After bluntly

separating the fibers of the deltoid muscle, the distended, glistening bursa comes into view. The wall of the bursa is incised and the thick, white, gritty, putty-like mass is gently curetted out. The curettage will also remove the calcified material in the tendon of the underlying supraspinatus muscle or other rotator tendons. The procedure takes only a few minutes. The wound is closed without drainage and the arm is immobilized for a few days in a sling. The relief of pain is immediate and complete. Drainage and suppuration of the wound do not occur. Active and passive motion are encouraged and full restoration of function is complete within two or three weeks. The reaction of the patient is one of extreme satisfaction and gratification for the relief from pain. I have seen no recurrence of even the slightest symptom. The excellent results obtained with minimal time loss compare most favorably and far surpass the other forms of treatment.

2. *The Injection of Procaine Into the Bursa.*—Haggart and Allen [4] were able to report good results by the injection of 20 cubic centimeters of two per cent procaine hydrochloride directly into the bursa and shoulder joint. Soon after reading their report, I had the opportunity to attempt this procedure on one case, with unfavorable results. Relief of pain was immediate, but within forty-five minutes after the effects of the procaine had worn off, the pain returned with sudden violence, so that open incision was performed with immediate relief.

However, in cases of acute bursitis without calcification, I was able to obtain good results by the injection of procaine. Haggart and Allen explain the relief of pain by improvement in the local circulation, thus causing absorption of the calcified deposit and probably a rupture of the calcified material from the tendons into the bursa.

3. *High Voltage Roentgen Therapy.*—The technique used by Chapman [5] is as follows: 200 k.v., 2 mm. cu., 1 mm. al., 250 r in air. A series of four or five treatments are given twice a week followed by a rest of two weeks, and a second series of two or four treatments only if indicated. Results were not constant, some cases giving striking results and apparently similar cases proving failures. It is apparent from a study of Chapman's fifty-four cases that few were of the acute, fulminating type, as only fifteen were in sufficient pain to disturb sleep and only seven were taking analgesics.

Although the use of roentgen therapy seems easy for the patient and is relatively inexpensive compared with the 100 per cent prompt cures obtained by surgery, Chapman's results were not impressive, as attested by the following figures:

22 per cent obtained no relief
10 per cent obtained slight relief
46 per cent obtained marked, but incomplete relief
22 per cent obtained complete relief.

Compared with the immediate relief obtained by surgery, in many cases roentgen therapy did not give relief for two weeks, while in others relief was not obtained for a month or more. Chapman claimed no superiority or priority for his method, but has evaluated in a clear, concise, and logical manner the results of this form of therapy.

4. *Physiotherapy.*—All forms of physiotherapy have been used, principally baking and diathermy. In my opinion, they have been merely palliative in the milder cases and have aggravated the pain in the fulminating cases. If relief does occur, it is usually partial or temporary with subsequent recurrent attacks to be expected. However, physiotherapy is a useful adjunct in the postoperative prevention of adhesions and in securing earlier mobility of the arm.

5. *Simple Needling of the Bursa.*—The simple withdrawal of a small amount of fluid from the bursa, with relief of pain, was first reported by Alanson Weeks of San Francisco in 1908. It is obvious that the withdrawal of fluid from the bursa will reduce tension and eliminate pain, but it seems illogical to suppose that such a procedure will remove the irritating calcium deposit with the constant threat of subsequent attacks.

6. *Multiple Needling of the Bursa.*—This method has been described by Weeks and Delprat.[6] It can be performed under local or gas anesthesia. It will relieve pressure from the bursa and will allow some of the calcified mass, if soft and semifluid, to escape from the bursa into the surrounding tissue. The relief from pain is not as prompt and complete as following surgical incision, and the entire calcified mass cannot be removed. Weeks and Delprat believe, however, after a study of forty patients in which relief was obtained by this method, that the calcium will be absorbed unless it has organized into bony hardness.

7. *Bursal Irrigations.*—By inserting two large needles into the bursa and forcing normal saline solution through one needle to flow out the other, Patterson and Darrach [7] obtained good results in sixty-three patients. The soft calcified specks were thus able to be washed out by the fluid under pressure.

8. *The Ammonium Chloride Treatment.*—The latest form of therapy for this condition is that advocated by Dick, Hunt and Ferry [8] in 1941. They report excellent results, and their treatment consists of

(*a*) Relatively large doses of ammonium chloride.
(*b*) Rest of the diseased part.
(*c*) Physical therapy.
(*d*) Removal of foci of infection.

Theirs is the first mention made of this form of therapy. The ammonium chloride is administered in doses of one gram or more four times a day, preferably in enteric-coated tablets. The ammonium chloride is used to lower the hydrogen ion concentration of the blood and lymph. They claim rapid disappearance of pain and, when not too dense, absorption of the calcified deposit, due to the mild acidosis produced by the ammonium chloride.

Rest of the diseased part is obtained by the use of a sling or by resting the arm on a pillow.

Physical therapy is used with care in the form of diathermy or infra-red baking and all possible foci of infection, such as apical dental infections, infected tonsils, etc., are sought for and eliminated. From a study of their case histories it requires on an average of two weeks for the pain to be relieved.

9. *Immobilization and Analgesics.*—Some patients prefer "to tough it out," and will consent to no active treatment. Immobilization of the arm by means of a sling and the use of analgesics by mouth resulted in the relief of pain in two of my patients. Their calcium deposit is still present and recurrences are always possible.

The relief of pain without any active form of treatment can at times be expected, as Bosworth [1] was able to observe the disappearance of the calcium deposit in a few patients without treatment in any form.

AUTHOR'S MATERIAL

Eleven cases were observed and treated in this series: four (36 per cent) were males and seven (64 per cent) were females. Ages ranged from 33 to 56 years, the average age being 46 years. Seven patients submitted to operation and obtained immediate and complete relief. All of these patients had tried palliative treatment without benefit. One patient refused treatment and left town. It was learned that she submitted to surgical operation elsewhere a few weeks later. Three patients obtained relief of pain after a period of two to three weeks following immobilization and the use of analgesics, but they suffered during that time severe and excruciating pain which only subsided gradually.

SUMMARY AND CONCLUSIONS

1. The possibility of calcified subacromial bursitis must always be considered when dealing with the acute painful shoulder.

2. Diagnosis can always be made with certainty by fluoroscopy and x-ray.

3. Repeated trivial trauma is probably the most important etiological factor.

4. Focal infection probably plays no part in the production of the calcium deposit.

5. The condition has its inception in the tendons of the short rotators of the humerus, especially the supraspinatus, and the subacromial bursa is secondarily involved.

6. The calcium deposit may be present for a considerable length of time without the production of acute symptoms.

7. The removal of the calcium deposit by surgical incision is the treatment of choice in the majority of cases. This is especially true in the acute fulminating type. Relief is immediate, complete, and permanent.

8. Other methods of treatment, as outlined above, have also proved successful.

310 West Willow Street.

REFERENCES

1. Bosworth, Boardman March: J. A. M. A. vol. 116, No. 22, pp. 2477-2482 (May 31), 1941.

2. Codman, E. A.: "The Shoulder," Thomas Todd Co., Boston, Mass., 1934.

3. Meyer, A. W.: Jour. Bone and Joint Surg., 4:491 (July), 1922.

4. Haggart, G. E., and Allen, H. A.: Painful Shoulder: Diagnosis and Treatment, with Particular Reference to Subacromial Bursitis, S. Clin. N. A., 15:1537 (Dec.), 1935.

5. Chapman, John F.: Subacromial Bursitis and Supraspinatus Tendonitis: Its Roentgen Treatment, Calif. & West. Med., Vol. 56, No. 4, pp. 248-251 (April), 1942.

6. Weeks, Alanson, and Delprat, G. D.: Subdeltoid Bursitis (Acute), International Clinics, 3:40 (Sept.), 1936.

7. Patterson, R. L., Jr., and Darrach, William: Treatment of Acute Bursitis by Needle Irrigation, Jour. Bone and Joint Surg., 19:993 (Oct.), 1937. ✓ 35

8. Dick, G. F., Hunt, L. W., and Ferry, J. L.: Calcification of the Supraspinatus Tendon, J. A. M. A., Vol. 116, No. 12, pp. 1202-1205, (March 22), 1941.

MEDICAL EPONYM

Pardee's Sign

Harold E. B. Pardee (b. 1886) describes "An Electrocardiographic Sign of the Coronary Artery Obstruction" in the *Archives of Internal Medicine* (26:244-257, 1920). A portion of the article follows:

". . . It is hoped to show that obstruction of a branch of coronary artery is followed by a sign which is characteristic of this condition and is really recognizable in the human electrocardiogram.

". . . The characteristic changes appearing a day or two after the obstruction are as follows: The QRS group is usually notched in at least two leads, and usually shows left ventricular preponderance. The T wave does not start from the zero level of the record in either Lead 1 or Lead 3, though, perhaps, from a level not far removed from it, and in this lead quickly turns away from its starting point in a sharp curve, without the short, straight stretch which is so evident in normal records preceding the peak of the T wave. The T wave is usually of larger size than customary and accordingly shows a somewhat sharper peak. The T wave is usually turned downward in Lead 2 and in one other lead. Not all of these changes are to be found in every record, but enough of them are present to give it a characteristic appearance."—R. W. B., in *New England Journal of Medicine.*

MEDICAL EPONYM

Kümmell's Disease

Professor Hermann Kümmell (1852–1937) described this condition in a paper, entitled "Die rareficirende Ostitis der Wirbelkörper [Rarefactive Ostitis of the Vertebral Bodies]," published in the *Verhandlungen der Gesellschaft deutscher Naturforscher und Aertze* (64:282-285, 1892). A portion of the translation follows:

". . . To sum up, we are dealing with an injury, often of trifling nature, that affects the vertebral column either directly or indirectly, and so far as the immediate effect is concerned, leaves no sign of its occurrence. After months of complete health, there begins a rarefactive process in the vertebras, which finally results in atrophy of their substance. Suppuration does not occur in this pathologic process, as in tuberculous spondylitis, nor is there any thickening of the bony mass, as in syphilitic processes, or bony deposition and change, as in arthritis deformans. . . .

"The diagnosis of the condition, after what has been said, offers no great difficulties; and if we consider the most important factors—the effect of trauma in an otherwise healthy person, transitory pains and gibbus formation later, with the accompanying local and referred discomfort—confusion with tuberculous spondylitis or other disease of the vertebras is easily avoided."—R. W. B., in *New England Journal of Medicine.*

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

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ANNOUNCEMENT
C. M. A. ANNUAL SESSION
CALIFORNIA MEDICAL ASSOCIATION

The seventy-third annual session of the California Medical Association will be held *Sunday, May 7* and *Monday, May 8, 1944,* inclusive, with headquarters in the Hotel Biltmore, Los Angeles.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT



Service Flag
of the
California Medical Association

As of September, 1943, the roster contained 1,957 names. On February 5, military colleagues numbered 2,050.

Corona Naval Hospital: New Unit

With the opening of Medical Unit No. 3, composed of forty-one buildings, thirty of which are ward buildings, the Corona Naval Hospital in Riverside County is now up to full capacity, which is more than 5,000 beds. The normal capacity of Unit 3 is 1,040 beds.

In an emergency, the unit can take care of 1,500 patients. The new section is a complete hospital in itself, with its own administration building, galley and mess hall.

It will be devoted exclusively to medical cases, which will enable the main buildings to be used for surgery. It

has a library, x-ray department, dental department, pharmacy, laboratory, emergency surgery room, and helps' quarters.

Capt. Harold L. Jensen, commanding officer of the Corona Naval Hospital, has placed Comdr. Charles H. Watkins, chief of medical staff, in charge of the new unit. Commander Watkins will have a complete staff under his supervision.

The temporary ward buildings are completed with Modulok construction of the prefabricated type. The remainder of the buildings are of standard wood frame construction.

With the completion of Unit 3, the naval hospital is now composed of Unit 1, main buildings, which contains headquarters of the commanding officer and his executive staff as well as the very latest equipped surgery; Unit 2, headquarters for tubercular patients, and the new medical unit.

The hospital now takes on the appearance of a small city with a population of more than 6,000 people, including civilian workers.

Los Angeles County General Hospital: Proposed University of Southern California Addition

If federal authorities approve a request for $175,000 in funds to remodel and refurnish a building at the Los Angeles County General Hospital, the county will advance the money and the building will be leased to the University of Southern California for use as a medical school to assist in training doctors for war service, the Board of Supervisors revealed recently, following their weekly meeting.

Shipyard Medical Unit in Napa

Organization of a medical unit at Basalt Shipyards near Napa, for employees and their families, was announced on December 16, 1943, by A. G. Streblow, Basalt president.

Heading the unit will be Dr. Samuel B. Hirschberg, director, who will maintain offices at Shipyard Acres, the housing project in connection with the shipyards, and who also will be at the first-aid station at the yard.

Over 300 families, including 200 school-age children, will be given care under the new medical program being initiated by the Company.

Physical Rehabilitation Section—Federal Security Agency

Federal Security Administrator Paul V. McNutt recently announced the assignment of Dr. Dean A. Clark, surgeon, U. S. Public Health Service, as chief medical officer of the Office of Vocational Rehabilitation to take charge of the newly established Physical Rehabilitation Section. The arrangement between these two branches of the Federal Security Agency was made by Surgeon-General Thomas Parran at the request of Michael J. Shortley, director of vocational rehabilitation.

Use of Federal funds for remedial medical treatment of the physically handicapped was authorized for the first time under the Barden-LaFollette Act of July 6, 1943.

Until the expansion of the Vocational Rehabilitation Program under this new law, there was no Federal program for this purpose, although the Federal Government has long aided the states in providing vocational guidance and training for the handicapped. The addition of physical rehabilitation greatly strengthens the program, because relatively simple surgery often can materially decrease a physical handicap or even remove or fully compensate for it.

The rehabilitation program is designed to assist all physically handicapped individuals to obtain remunerative employment, except veterans with service-connected disabilities, who come under the program directed by the Veterans' Administration. The program is operated by the states through their Boards of Vocational Education and their official agencies for the blind.

As a war measure, the Federal Government pays the full cost of rehabilitating war-disabled civilians. These include officers and crew members incapacitated while on war duty in the merchant marine, and members of the Aircraft Warning Service, Civil Air Patrol, and United States Citizens Defense Corps. For other individuals, the Federal Government pays half the cost of rehabilitation. All administrative expenses of the States in conducting approved rehabilitation programs are also met with Federal funds. Under the new statute, Federal aid may be utilized to provide all types of medical and surgical services necessary to modify a physical condition which is static and which constitutes a substantial handicap to employment. Conditions for which medical services are undertaken must, however, be of such a nature that treatment may be expected to eliminate or substantially reduce them within a reasonable length of time. Hospitalization not to exceed ninety days may also be furnished as well as prosthetic appliances essential for obtaining or retaining employment.

Medical Journals—For Colleagues in Military Service

In former issues, editorial comment was made on a plan to forward medical journals to the Hospital Stations of Army, Navy, and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Postgraduate Activities—in coöperation with the medical libraries of the University of California, Stanford, and the Los Angeles County Medical Association.

The addresses of the three libraries follow:

University of California Medical Library, The Medical Center, Third and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals via "Railway Express Agency," collect to: California Medical Association Postgraduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California. Railway Express Agency addresses: In San Francisco, at 635 Folsom (EX 3100); in Los Angeles, at 357 Aliso (MU 0261). The "Railway Express Agency" will call for packages and will collect costs from the California Medical Association. The Postgraduate Committee will forward to camps.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

WAGNER-MURRAY-DINGELL BILL (S. 1161: H. R. 2861)

Reader: Have you written your Congressman? You will find his name and Washington address in the November issue of "California and Western Medicine," on pages 284 and 285. The time to act is now! As one of your Congressman's constituents, acquaint him with your point of view. Every physician owes this to the welfare of his fellow citizens, his profession, and himself.

For additional information concerning Wagner-Murray-Dingell bill (S. 1161), see department of Committee on Public Policy and Legislation in previous issues of "California and Western Medicine."

Federalized Medicine Is Not Wanted*

Eastern physicians are announcing plans to organize the profession against the regimentation by Washington of

* See in this issue, cartoon on page 87.

the American medical fraternity. In other words, they are out to oppose "the compulsory systems of bureaucratic Federal control proposed by the Wagner-Murray-Dingell bill" which has been introduced in Congress.

These doctors are forming a nation-wide association to provide voluntary plans for insurance protection against the costs of sickness to offset the compulsory Federal plan. The opposition to the legislation will also take more direct form. It will be aimed at the bill itself. In this the medical profession will get plenty of support. It will come from the public.

The Wagner-Murray-Dingell bill (S. 1161) calls for the inclusion of medical care and some hospitalization in the Federal Social Security Plan. Under the proposal the Surgeon-General of the Public Health Service and a council of sixteen members *appointed by him* would administer a system of panel medicine extending clear across the country. Doctors would be *"invited"* to serve as group physicians. There is nothing compulsory about an "invitation." *But if any refused to accept,* the all-powerful bureaucracy could make it costly and ruinous for them.

The legislative proposal would extend Washington's grasping hand down to the smallest town and hamlet where doctors practice. It would empower the medical czar in the national capital to hire doctors, establish rates of pay, establish qualifications for specialists, and arbitrarily determine which hospitals and clinics could provide service.

The plan is a bureaucrat's gorgeous dream. It has some appeal for unfortunate persons who have run into difficulties with sickness and resultant heavy financial involvements. But the catch in the program is that it would have to be paid for—through compulsory deductions from pay rolls.

This is what is proposed. The Social Security Act would be amended to provide a 6 per cent deduction from the wages of every employee earning up to $3,000. This would be matched by a contribution of the employer. Altogether, it is estimated, the huge sum of $3,000,000,000 a year would be produced for administration according to the dictates and whims of the all-high Surgeon-General and his hand-picked advisory council.

People have become acutely conscious of what *pay-roll deductions* mean. *In California,* as in all other states, wage-earners pay one per cent for Federal old-age benefits. In California they also pay one per cent toward State unemployment insurance. Though they also submit, cheerfully for the most part, to exactions under the pay-as-you-go income tax plan, they are extremely conscious of what the deductions do to the pay check. Would they like the 6 per cent cut of the Wagner-Murray-Dingell proposal on top of the others? They assuredly would not.

As a matter of fact, the medical profession now offers Californians voluntary group insurance plans for medical care and hospitalization. So, too, in other States. It comes much cheaper than the grandiose proposal of the three Senators. The voluntary plans give the beneficiary the right to choose his own doctor. One can take the plan or leave it. This is the right way.

The American people are becoming surfeited with Washington's attempts to regiment every phase of life. They are tired of the moves to force costly, paternalistic programs down their throats. They want none of this scheme.—Stockton *Record,* December 30, 1943.

Federalized Medicine

Should you pay the doctor with cash or tax money? Would benefits of a Government-controlled compulsory health-insurance program justify Social Security taxes totaling from $3,000,000,000 to $4,000,000,000 a year? Could medical initiative survive? Would the ill and the injured who had paid in advance through increased Social Security levies be assured the same attention as the patient who wrote his check on the spot?

The perennial argument recently flared again. In New York the County Medical Society issued a report of its annual meeting condemning Senator Robert F. Wagner's new Social Security bill (S. 1161). However, the Society approved a statement advocating nonpolitical coöperation between the medical profession and the local government "to take care of the low-income groups." *The Herald-Tribune* took up the issue. Editorially, the newspaper observed that it also saw flaws in S. 1161, but that the spread-the-cost principle was needed for the great middle class. Doctors, *The Herald-Tribune* said, should do more than oppose the Wagner bill; they should evolve "some better program for attaining the same objective."

Stalled now in the Senate Finance Committee, the Wagner bill would institute compulsory medical and hospital insurance for all persons covered by the old-age and survivors' provisions of the Social Security Act, for their dependents, and for about 15,000,000 others now excluded from those provisions.

* * *

What It Means.—Benefits are proposed for the whole range of medical and surgical services. A patient could choose his doctor from a panel composed of every legally qualified M. D. in the area who wished to participate. Thirty days of hospitalization a year at $3 to $6 a day would be covered. If a longer stay were necessary, benefits would continue for another thirty days, but the daily allowance would fall to $1.50 to $4. The rate for institutional care in chronic illness would be $1.50 to $3 a day.

How would the doctor be paid? The bill gives considerable leeway. Apparently, area medical groups would have a choice of set fees for specific conditions, a flat per capita payment for listed patients, a whole or part-time salary arrangement, or a combination of these.

Administration would rest with the Surgeon-General. He would be assisted by a National Advisory Medical and Hospital Council composed of sixteen members—selected by him.

* * *

Pro and Con.—A large part of the country's doctors oppose the bill, regarding it both as a potential death sentence for private practice and as a mechanism for making medicine a political football, and health service a bureaucracy. The spokesman for this group is the National Physicians' Committee, a research body with American Medical Association endorsement.

Supporting the bill are a large section of organized labor; Michael M. Davis, editor of *Medical Care;* and the Committee of Physicians for the Improvement of Medical Care, whose membership includes such medical men as Dr. John Peters of Yale, who have split with the American Medical Association on economic issues.

On November 7, Dr. Morris Fishbein, editor of *The Journal of the American Medical Association,* summarized organized medicine's objections to S. 1161 before the San Francisco County Medical Society. He said: "The American Medical Association has accepted the principle of insurance against . . . costs of sickness [and] has heartily approved the provision [by government] of medical care for the indigent and the medically needy. . . . "But," said Doctor Fishbein, "use of Federal funds for care of the indigent is far different from . . . a Federal mechanism involving the expenditure of $4,000,000,000 annually, as proposed by the Wagner . . . bill."—Dayton *Newsweek,* December 6, 1943.

Medicine Is America's Priceless Heritage: Wagner-Murray Bill Would Regiment It

On June 3, 1943, Senator Robert F. Wagner of New York—for himself and Senator James Murray of Mon-

tana—introduced in the Senate, bill 1161. If the recommendations in this bill are enacted into law, they will go far toward destroying the private practice of medicine in the United States. The bill proposes to raise by taxation—from pay rolls mostly—an amount estimated at three billion dollars to provide medical care by the Government.

The bill proposes placing in the hands of *one* man—the Surgeon-General of the Public Health Service—the power and authority:

1. To hire doctors and establish rates of pay—possibly for *all doctors.*

2. To establish fee schedules for services.

3. To establish qualifications for specialists.

4. To determine the number of individuals for whom any physician may provide service.

5. To determine arbitrarily what hospitals or clinics may provide service for patients.

It instructs the Surgeon-General to provide general and special medical care, laboratory tests and hospitalization for all beneficiaries of the Social Security Act and their dependents—estimated at 110,000,000 people.

Unless a wave of protest forewarns the sponsors, this bill, or similar proposals, may be enacted into law. The question to be answered is a simple one: Do you want medical care for the sick to be provided by bureaucrats—politicians—or by doctors?

State medicine—political control of medical service—always has, always will develop doctors who are politically amenable, who cater to the ward committeeman or the precinct captain rather than to the needs of human beings who are their patients. For the doctor, political control of medical care means the forfeiture of self-respect, incompetence, and professional deterioration.

It is understood that if the medical profession is regimented it will represent a decisive step forward toward establishing centralized Federal control of all the professions and of all industry.

The doctor is our most private and personal servant. Since time immemorial he has served as an adviser, a helper and friend of the individuals who comprise the community. Inasmuch as the Wagner bill (S. 1161) tolerates no personal services, in fact, no personal contacts, it is quite logical that those who would change our form of Government will begin at the very heart of the citizens' personal relationships. Confuse these relationships, instill them with prejudice, mistrust and suspicion, and the left-wingers will have an entering wedge into the body politic.

Under the sheen of Government helpfulness, radicals like Messrs. Wagner, Murray, and Dingell are trying, through their so-called liberal bills, to point out how much better off America would be under a total liberalizing of our Government. They begin by favoring certain classes of citizens whom they believe can be depended upon to vote correctly on election day.

Now the point is—do we want socialism? Do we want to abolish private enterprise? Do we want to fire the doctor because he is not a socialist, or break the insurance companies because they do not conform to Government theories?

America has the lowest morbidity and lowest mortality rate of any nation in the world. Let us preserve our priceless heritage—the private enterprise system.—Editorial in the Oakland *Tribune,* December 28, 1943.

Cites Potential Cases

Insurance Economics Society: Federal Insurance System Would Have to Care for Fifty Million Cases of Illness

In the event a Federal health insurance system should be put into effect, it would mean that the taxpayers of the United States would have to help pay for the illnesses of some fifty million cases a year, said E. H. O'Connor, executive director of the Insurance Economics Society of America, in speaking before the Ramsey County Medical Association at St. Paul, Minnesota.

"We shall have between 50 and 55 million gainfully employed persons in the United States after the war," said Mr. O'Connor. "These, with dependents, would swell the number of potential beneficiaries of a Federal health insurance system to more than 100 million. What, then, would be the number of illnesses on a broad average? In Germany the number of illnesses, between 1925 and 1934, ranged from 36 to 52 per 100 members. If this experience is any criterion, there would be fifty million cases of illnesses per year in the United States to be taken care of by the Federal bureaucracy. All these fifty million cases would have to be certified, filed, and inspected. Most of these would receive benefits; on those rejected there would be complaints which would have to be adjusted in one way or another.

"Now, to deal with such an army of potential beneficiaries of health insurance we would need an adequate staff. Otherwise there would be wholesale corruption, profiteering, and racketeering. But if an adequate staff were provided, this would mean a small army of government employees. And right here is where bureaucracy, red tape, delay, political pettiness, and assorted blessings would confront not only every doctor, dentist, nurse, and other members of our private medical system, but every citizen of the United States."

In discussing the Wagner bill, he said: "In weighing the pros and cons of the merits of the provisions of the Wagner bill, or of similar proposals, we should avoid one pitfall, namely, the implication that private medicine, or, for that matter, private insurance companies, have a different attitude on the desirability of social security for all of the people than has the Federal Government. *Our attitude differs not in final purpose, but only and exclusively on the means of obtaining that goal.*

"Therefore, our decision is not at all concerned with social security—it is concerned with the question of whether private enterprise, which has built this country and achieved the stupendous medical progress which all the world admits, shall be discarded in favor of a system of compulsion concerning which the experience and the knowledge is nil, but which harbors grave dangers to the economy of the nation not less than to the practice of private medicine."—San Francisco *Underwriters' Report,* December 23, 1943.

MATERNITY-PEDIATRIC PLAN OF FEDERAL CHILDREN'S BUREAU*

ITEM XLII: MATERNITY-PEDIATRIC

Maternity Care Experience in California

Approval of 4,213 additional applications for maternity and infant care of the wives and babies of service men in the seven western states, Alaska, and Hawaii during November, was announced on January 3, in San Francisco by Dr. Marcia Hays, regional medical consultant of the Children's Bureau, United States Department of Labor.

These brought the western regional total of authorizations for such maternity care to 13,639 since the start of the Government program last April, Doctor Hays said. Under the Federal program the wife of any service man

* Maternity-Pediatric items listed in Roman numerals, CALIFORNIA AND WESTERN MEDICINE for July (Items I to XVIII); September, pages 178-182 (Items XIX to XXIII); October, pages 226-231 (Items XXIV to XXX); November, pages 282-284 (Items XXXI to XXXVII); December, page 342 (Items XXXVIII and XXXIX) and page 304; January, pages 31-32 (Items XL and XLI).

in the fourth, fifth, sixth, or seventh grade in the Army, Navy, Marine Corps or Coast Guard, may receive complete medical, hospital and nursing care during her maternity period without cost, and the baby may receive care for one year after birth.

California headed the list with 2,927 cases approved during November. Total authorizations in California since last April total 7,093.

ITEM XLIII: MATERNITY-PEDIATRIC

Discussion at Annual Conference of State Association Secretaries

The Journal of the American Medical Association for January 15, 1944, on pages 171-178 carries the address, "The Federal Plan for Providing Obstetric and Pediatric Care for Wives and Infants of Enlisted Men," presented by Dr. L. Fernald Foster of Michigan at the annual conference of secretaries and editors of constituent state medical associations held in the American Medical Association headquarters in Chicago on November 20, 1943.

Requests have been received from California Medical Association members who do not receive *The Journal of the American Medical Association* that the discussion of California problems arising in connection with the Federal Children's Bureau plan for maternity-pediatric service be given place in California and Western Medicine. The remarks by C. M. A. Secretary-Editor Kress follow:*

Dr. George H. Kress, San Francisco: The important things for us to remember are the implications involved in this federal children's program. Ten million men are in military service, and a great majority of them are married. We start, then, with 20 million citizens, and their fathers and mothers, 40 million more. Also count at least 20 million friends, or a total of 60 to 80 million citizens. And this adult population of the United States is to be educated to what? To accept a mandatory fee table to be in operation from one end of the United States to the other, in which Dr. Edwin Daily representing the Children's Bureau proposed to California Medical Association President Karl Schaupp and me in the office of the State Department of Public Health in San Francisco that the fee should be $35 to cover antepartum care, confinement care, and postpartum care; antepartum care to imply a certain number of visits, Wassermann tests, hemoglobin determinations and urinalyses, with other usual antepartum care; in addition, all necessary confinement care and postpartum service with a visit to mother and child at least six weeks after the birth of the child.

The war may last three, four, five years. In the meantime the people of the United States will be educated to what, as far as this particular line of professional work is concerned? To a fee of $35, or perhaps in some places $50, as full and fair compensation. At the conclusion of the war, in the minds of the great majority of citizens, $35 to $50 would be a proper fee for all this professional work, covering a period of months, with all its complications as they may arise. It would follow that any physician who would charge more than $35 or $50 would be guilty, in the minds of many citizens, of an atrocious, improper act.

In April or May last we held in Portland a meeting of the Pacific States Medical Executives Conference. In our discussion of the maternity-pediatric program, the Oregon representatives presented their plan, saying that the money should be paid to the wife and not to the physician. As a member of the Reference Committee of that conference I sent a copy of our resolution to Dr. John Fitzgibbon, who in turn presented it to the House of Delegates of the American Medical Association, the resolution, with minor modifications, being adopted by the House in June.

In California we are in full accord with the objective of giving adequate professional care to the wives and infants of enlisted men. However, the Council of the California Medical Association has voted that it is up to the individual physician to determine what procedure he wishes to observe in this work.

Dr. Edwin Daily, representing the Federal Children's Bureau of Washington, D. C., came to California and gave the California Medical Association Committee on Maternal Care one hour, and then the conference was closed because he had to consult with hospital representatives. In our discussion with Doctor Daily he brought out the fact that the proposed fee was to be $35 for all of the service already mentioned. I asked Doctor Daily where he had gotten his figures, and he said, "From the American Medical Association." I said, "Oh, impossible! They couldn't have given you figures of that kind. I am sure when I go back to my office," I said, "I will be able to find fee schedules passed years ago by component county societies of the California Medical Association in which fees were in excess of $35 for all of the services you included in your maternity-pediatric program." I did find such schedules, and the fees ranged up to $500 for complicated obstetric cases. We told Doctor Daily that $35 for adequate antepartum, confinement, and postpartum care was out of the question as far as California was concerned, and insisted that the minimum fee should be $50. Also, as regards California, we would object to the promulgation of the plan unless it was stated in the literature, "This program is made possible only through the generous coöperation of the members of the medical profession," and our California State Board of Public Health has been printing such a statement on its literature.

I wrote to Secretary Olin West and asked him concerning the statement by Doctor Daily that in more than three hundred fee bills that had been obtained from the American Medical Association, every such schedule was $35 or less. Doctor West was unable to find in the files of the Association any record of any such information having been sent to the Federal Children's Bureau. All that was found was a record—I think in the American Medical Association Bureau of Medical Economics—of one discharged employee who may have sent such information to Washington. Then I corresponded with Doctor Daily, and from Doctor Daily I learned that the fee bills that he told us were the authoritative fee bills of the American Medical Association had been received from the files of the United States Public Health Service, and were photostatic copies, the same being all the way from five to seven years old or more. Yet the Federal Children's Bureau saw fit to have its representative go across the country with only that kind of authority in back of it, using the same with committees and representatives of constituent state associations and urging them to abide by their program under the exigencies which are now confronting us in a time of war.

On one other item I think I am correct in my memory, and Doctor Daily can correct me if I am in error. At one point I said, "Doctor Daily, suppose the case is a difficult one, say, a difficult forceps case or a cesarean section. What would be the compensation for the specialist obstetrician?" And I think Doctor Daily told us in the beginning that it had to come from the general practitioner's fee. To that we strenuously objected, and Doctor Daily then stated he would be willing that there should be an additional fee up to $50 for this specialist care, and that he would so recommend, presumably to the Federal Children's Bureau.

Of course, we were anything but happy to think that the American Medical Association should not have entered the picture at the very beginning, when the program was gotten under way by the Federal Children's Bureau. That was one reason why an editorial appeared in California and Western Medicine, for which we were criticized in *The Journal.* We retract nothing from what we stated in our Official Journal. We think we were right then. It seems to us that when this program with its extensive implications was being formulated, that somewhere, somehow, our good friends here at 535 North Dearborn Street in Chicago should have got into the picture, should have been back there in conference with the inside executive group of the Children's Bureau and have helped guide it in its course of action. We also felt bad to think that our good friend, Morris Fishbein, failed to call this program, with its serious implications, to our attention, editorially. We felt he should have given us something over and above what appeared in little memorandum statements and news items concerning the progress of these Children's Bureau negotiations.

Our Council of the California Medical Association has voted as follows: The Council approved the plan of adequate service and all possible care to the wives of enlisted men and told the members of the California Medical Association that it was up to them individually to do as they deemed best in the premises; calling their attention to the fact that if they signed on the dotted line they would receive $50, not one penny more, nor could they receive one penny more directly or indirectly for the services rendered. If, however, they did not choose to sign, and if the patient did desire to become a private patient, well and good. However, in order to make available the hospital care to these wives, the patient could still obtain the hospital costs from the California State Board of Public Health if the physicians themselves would refuse to accept any money

* For editorial comment in this issue, see page 48.

for their services—in other words, give gratuitous professional service to these patients. That is the program we are following at the present time, and I take it that it will be the program we shall continue to carry on.

It seems to me that all of this discussion of costs involved, or the saving of money to the Government, by asking physicians to give services below cost, is beside the major point. We are involved here with great principles and, as has been stated by Doctor Bauer, this maternity-pediatric program may be the foot inside the door on behalf of state medicine; and with all deference to the officials of the Children's Bureau, the statements which have been made today indicate that such a thought is not without justification. Permit me to cite an example to show how governmental departments sometimes work: Yesterday afternoon Mr. Holloway and I drafted a series of telegrams to California representatives in Congress relative to a bill dealing with migrant agricultural workers. Out in California the migratory agricultural situation has been a very big problem. With the aid of the California Medical Association, an excellent medical service has been devised, in full coöperation with the Government officials. Comes now another governmental agency, the United States Employment Service, with amendments to Public Law 45, which would take away from migratory workers who do not secure their jobs through the United States Employment Service the right of medical service for themselves and their families. That is the way governmental bureaus act.

Now, as to the future of the Federal Children's Bureau's maternity-pediatric program: The Federal Children's Bureau in the beginning evidently miscalculated the number of patients who would come under this act. Witness the initial appropriation of one million, with subsequent deficiency appropriations of 4 million and 18 million dollars. These would indicate that there will be other deficiency appropriations needed to carry on this work.

It is, then, up to the members of the medical profession, through the constituent state associations, so to educate their Congressmen that when these deficiency bills are presented we shall have a different tally of votes than when only about 125 members of the House of Representatives voted on how the federal money should be paid. I believe if we are alert to our legislative responsibilities, appreciating the implications that are involved in all of this, even the Children's Bureau will be obliged to sit up and take notice in some of these congressional matters. Congress makes the grants in aid, and the monies are then distributed through the agency of the Children's Bureau to the proper constituted authorities in the various commonwealths. In most cases these are the state boards of puhlic health. The state boards of public health are then called on to administer the act, but if the state boards of public health do not conform to the program outlined by the Children's Bureau they are held up in the usual governmental bureaucratic manner.

I shall be glad to have Doctor Daily discuss some of these other phases rather than the costs. With all the billions and billions of dollars that are being spent for a host of things today, I am but little concerned with whether the Children's Bureau saves 5 million or 10 million dollars in this work, all at the expense of the medical profession. But I am terrifically concerned with what will be the end-result to medical practice and to the quality and type of medical care and medical service we all believe in, if some of these bureaucratic endeavors are carried too far.

Press Clippings.—Some news items from the daily press on matters related to Wagner-Murray-Dingell bill (S. 1161) follow:

America Must Not Be Shackled: Nor Must Scientific Medicine Be Shackled

Address by Hon. Joseph W. Martin, Jr., of Massachusetts before the Fifteenth Annual Scientific Assembly of the Medical Society of the District of Columbia at the Mayflower Hotel, Washington, D. C., on October 1, 1943. (Printed in the *Congressional Record* of October 4, 1943.)

Address of Hon. Joseph W. Martin, Jr.

Mr. Toastmaster and Fellow Citizens, it is a pleasure and a privilege to address a group of individuals whose lives are devoted to efforts for easing and curing the ills of mankind, and advancing the science of medicine.

No one can come to this splendid gathering of physicians without sensing in full appreciation the contribution men and women of your profession have made to humanity. It can be truly said no profession has made a greater contribution to the progress of humanity.

The war has made terrific demands upon you. A great number of your associates have given up profitable private practice to minister to the medical needs of the men and women in our armed services. It is a source of great hope and comfort to the American people that such advances in medicine and surgery have been made since the last war, that fewer casualties are expected to be permanently incapacitated. Many who in earlier wars would have died will live because of the triumphs achieved by medical science.

Those of you whose lot it has heen to remain at home are carrying an immense burden in caring for the health of the civilian population. No class of our people has labored under a greater strain of urgency or performed a more valuable service than the medical groups.

Through centuries of effort you have progressed from the humble herb-and-folk practice until today, through the application of modern science, you heal diseases which heretofore would have been fatal. Through your efforts it is possible for the blind, the stricken, and the crippled to be able to live useful lives. You have been able to increase materially the life span of the average man and woman.

This you have been able to accomplish because your profession has been free. It has been free to dare. It has been free to progress. You have had the assurance of great personal satisfaction in rendering indispensable services to your fellow men. You could expect some measure of material reward for your investment in years of education and hard study and devotion to your profession.

Under the harsh necessity of war, your law-making body, the Congress, has delegated enormous powers to the several branches of the executive department of this Government. There was no escape from this procedure. The details of war activity must be administered by the executive machinery. But having yielded these powers, the Congress has a covenant with the people of America carefully to watch the exercise of these vast powers and be ready to curb and correct any abuses. Congress must be ready to amend, restrict or even to recall any authority it has granted if new conditions, or the abuse of power make it essential to the public interest to do so. Above all, it is the solemn responsibility of Congress, if we are to keep faith with the people, to revoke these enormous powers when the war is over. It would be a futile victory if we were to win a war over dictatorship abroad only to have a permanent dictatorship fastened upon America at home.

For some years, a small but powerful group in this country has endeavored to undermine American institutions, American ideals, and our American way of life. These people are as clever as they are determined. They have promoted their cause in the public press, over the airwaves, on the platform, and in books and pamphlets. . . .

The purpose, of course, of these plotters in attempting to tear down American institutions and our form of government is to substitute some brand of state socialism in this country. . . .

Let me remind you that if we should lose our American form of government, it will not be by accident; it will be by deliberate design of groups who have set out to socialize this country for their own purposes of becoming an entrenched bureaucracy, and to achieve permanent personal power.

I do not need to remind you that one of these groups would radically change the status of your profession. Instead of leaving you free, they would regiment you under a rigid system of governmental controls. They would curb your opportunities. They would arrest your progress. They would deprive you of your freedom. And they would do all this under the specious plea of aiding the unfortunate and giving all people security.

These misguided individuals evidently forget that if you regiment men and women, if you eliminate the opportunity for individual progress, you kill individual initiative at the same time.

A ward of the State, with specific limitations and a fixed income, operating under the direction of a bureaucrat who may himself possess no scientific knowledge, would not, except in rare instances, put in the long hours of intensive study and experimentation necessary to blaze the way for progress. A physician on a fixed salary and in a treadmill practice would not have the same urge to watch zealously over those in his care as the physician whose patient is his personal, individual responsibility. By destroying initiative and progress, we might well be sentencing vast numbers of people to earlier death because we could not as intelligently cope with disease.

Every one of us has a definite interest in seeing that every child, every woman and every man secures adequate medical aid and care. We can and we will, as a government, discharge our full obligations to the sick, the aged,

and the unfortunate, unable to pay their own way. But we must do it in the American way—in a way which will preserve the spirit and the initiative of the men and women of your profession. They must be encouraged to go ahead with studies and experiments; to make new and greater scientific discoveries for the benefit of mankind. And we must care for our ailing ones in such a way that every patient will not be a ward and pawn of an all-powerful state.

We must not shackle your great profession and restrict the service it can give to the world. If we give to some bureaucrat the power to regulate the practice and fix the fees of a physician and to govern the hospitals, we will shackle the science of medicine. We must make sure every man and every woman retains the right to select the doctor of his or her own choice. That has been a great American right and the people of this country want to keep it.

To place the practice of medicine under bureaucratic control would not affect medicine alone; it would constitute a long, forward step in putting the other professions and all American labor, industry, and agriculture permanently under the direction of a Washington bureaucracy. By whatever name we might call it, it would be a form of state socialism. . . .

Revision of National Health Insurance Bill Urged

New Haven, Conn., Dec. 30 (INS).—The Committee of Physicians for the Improvement of Medical Care, Inc., recommended today drastic changes in the Wagner-Murray-Dingell bill to provide national health insurance.

The Committee, composed of top members of the faculties of Harvard, Yale, Columbia, Johns Hopkins, and other leading medical schools, in a statement said that although some definite legislation was necessary to make medical aid available to all persons of average income, it could not approve the bill as written.

To improve the quality of service proposed in the measure and "enhance the economy and efficiency" of its operation, a reduction in number of persons covered was urged.

The Committee also urged consideration of a tax-supported program in place of the proposed compulsory insurance levy, and called for expansion of the part to be played by the national advisory councils, to be established by the bill.

The report also criticized the proposed rates of payment as too small to cover costs of the services.—San Francisco *Call-Bulletin*, December 30.

Congress Votes Social Security Tax Freeze

Washington, Dec. 17.—The House completed congressional action today on a temporary measure to freeze the Social Security tax at one per cent for the first two months of 1944. The levy was scheduled to increase automatically to two per cent on January 1.

The Senate earlier had adopted a similar resolution.

The action was taken because leaders have abandoned hope of enactment of a new tax bill by January 1. The tax bill includes an amendment "freezing" present Social Security taxes for the entire year of 1944. . . .—San Francisco *Call-Bulletin*, December 17.

Group Medical Dispute Flares

Dallas, Texas, Jan. 3 (UP).—Dr. E. H. Carey, president of the National Physicians' Committee, charged today that group medicine legislation sponsored by Senator James E. Murray (D., Mont.), is the "first attempt to socialize everything in this country."

"We have a right to express our opinions," he said, "and if Senator Murray doesn't like it, we can't help it."

Carey declined to comment further, because he had not read Murray's charges.

* * *

Washington, Jan. 3 (UP).—The long-standing controversy over group medicine flared anew today as Senator James E. Murray (D., Mont.), accused the American Medical Association of issuing "propaganda" to misrepresent medical care provisions of his bill for an expanded social security system.

He charged that the American Medical Association had set up in Chicago the organization called the National Physicians' Committee which was seeking to "distort and falsify" his measure. The bill, by setting aside 3 per cent of a worker's wage, would entitle him to services of a general practitioner and, if needed, to more specialized treatment, including thirty days' hospitalization annually.

The American Medical Association promptly issued from its Chicago headquarters an official statement denying any connection with the Physicians' Committee, but it took occasion to back up the Committee's stand against the medical care features of Murray's bill. The American Medical Association recalled that its House of Delegates had approved the efforts "not only of the National Physicians' Committee, but of any other organization that will aid in defeating this pernicious legislation."—Oakland *Tribune*, January 3.

Medical Care

We have to agree with Dr. E. H. Carey, head of the National Physicians' Committee, that doctors or any other persons have a right to express opinions about the medical care provisions of Senator James E. Murray's bill to expand the social security system.

The Montana Senator appears to think his bill sacrosanct. In his assault on the Committee because it has the temerity to oppose his measure, he resorts to innuendo and the use of opprobrious terms in an evident effort to create an impression that criticism of his bill can spring only from evil and sinister sources.

He charges that the Physicians' Committee is a creature of the American Medical Association set up for a covert attack on his bill. The American Medical Association promptly denies this, but whether this charge is true or not seems to us to have nothing to do with the case. The American Medical Association has a right to oppose the bill and, if it so chose, to set up a committee to do so. Many other persons are opposing this bill, deeming it altogether too extreme.

One good purpose may be served by Senator Murray's outburst; to bring the bill to public attention and get it the thorough discussion it should have before Congress votes on it. The bill looks much like one of those things that ought not to be put over on the American people unless they realize precisely what they are bargaining for.—San Francisco *Chronicle*, January 5.

"Call Us Monday"—A Picture of Socialized Medicine

"That None Shall Die" is the significant title of a book in which is a chapter that vividly portrays what happens when political red tape, inherent in socialized medicine, is allowed to infringe on the medical profession. This is an episode from the book, as related in *Nation's Business:*

A young doctor has been called late at night to see a patient with lobar pneumonia. The family tells him candidly they have no money. It proves to be a desperate case. He calls the city hospital.

"Is the man a resident?"

"No, he's an unemployed worker here on a visit."

"Then that rules him out. We're not allowed to take out-of-town cases."

Next, the doctor calls the director of the socialized welfare service, asks if she can hospitalize his patient.

"Perhaps we can arrange it. If you'll give me the name and address, I'll put an investigator on it Monday."

"Monday! He'll be dead by Monday!"

Back at the bedside the doctor decides that pneumonia serum combined with sulfapyridine is the one chance of saving the sick man. But they cost money. He dials the social service director again, "I've typed this patient and find it's Type I pneumococcus. Can you arrange to finance the purchase of serum for him?"

"I'm sorry, doctor," the impersonal voice drones, "the Government makes no provision for the purchase of serum by our department. Besides, we cannot consider helping any case without the proper investigation. Perhaps if you call us Monday. . . ."

The doctor cut the Gordian knot of social medicine by buying the serum himself and administering it.—Riverside *Press*, December 10.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Court Rules Charity Hospitals in California Not Required to Pay State Tax

Ruling that hospitals classed as charitable institutions are not required to pay State unemployment insurance taxes, the Appellate Court on December 2 held that the Scripps Memorial Hospital at La Jolla is entitled to recover $3,953 paid under protest to the California Employment Commission.

The decision of the Fourth District Court of Appeal, sitting in San Bernardino, affirms the judgment of the San Diego Superior Court, and will have a widespread effect on payments of similar institutions throughout the State.

The Court found that the Hospital is a nonprofit corporation "and has never refused admission to anyone because of race, creed or inability to pay," and therefore is deemed to be a charitable organization.

After the Superior Court decision, the State Employment Commission appealed from the ruling on grounds that the Hospital should pay unemployment insurance taxes "because only a small part of its operations are rendered gratuitously to persons unable to pay."

The Hospital, the Court held, was endowed by the late Ellen Browning Scripps solely for "charitable, scientific and educational purposes," and should be exempt from unemployment taxes because it was not an employer under provisions of the State Act.

New Kaiser Hospital

In Washington, on December 28, Henry J. Kaiser stated he was ready to start work on a new hospital in Alameda County, and had authority for it from every Federal agency except the Production Urgency Committee of the War Production Board for the San Francisco Bay Area.

"The Federal Works Administration has agreed to build the hospital and lease it to us for twenty years, and the President has approved the project," said Kaiser. "But four weeks have passed and we haven't been able to start on it because the Production Urgency Committee doesn't think it's urgent. And at the same time the newspapers are carrying stories about women dying because they can't get hospital care."

Mr. Kaiser disclosed that an attempt had been made to get the Urgency Committee to change its stand. Meeting with one of his aides, Coördinating Committee for Medical Care for the State of California, composed of representatives of the Department of Public Health, hospitals and doctors, unanimously approved the project following a report from Major Smith of the Office of Civilian Defense as to the dire need for the new hospital.

OPPOSITION FROM HOSPITALS?

Mr. Kaiser said he had been informed that opposition to the project stemmed from hospitals around the Bay, which fear the postwar effect of new structures.

Turning to the hospital problem, Mr. Kaiser said one of his hospitals in Richmond has treated 1,500,000 cases and is now providing approximately 125,000 treatments a month for the 90,000 workers he employs there.

Higher Medical Rates in Los Angeles for Care of Medical Indigents

Increase in some of the rates paid private physicians attending Los Angeles County indigent patients has been authorized by the Board of Supervisors at the request of the Department of Charities. Several rates for services not heretofore provided for also were authorized, including dental work.

Under the new schedules, office visits will be paid for at the rate of $1 each instead of 50 cents, while certain types of house calls will bring $2.50 instead of $1.75. Teeth extractions will cost the County from $1 to $2 each.

"This will not create a large additional expense or require additional appropriation," County Manager A. H. Campion informed the Board, due to the reduction in the number of patients being served. He also stated that all special treatments by private physicians must be previously authorized by the county doctor-in-charge and that strict budgetary control of such expenditures will be maintained.

Los Angeles County Hospital to Have Cadet Nurses' School

To save the county of Los Angeles $200,000 annually and build up a reserve of trained nurses, County Supervisor Roger Jessup recently proposed inauguration of a cadet nurses' training school at the County General Hospital, under the supervision of the United States Public Health Service.

Such a school, Jessup told his colleagues at the supervisors' meeting, not only would help relieve the acute shortage of nurses, but would help materially in relieving the hospital's shortage of employees.

"There is a saving of approximately $200,000 a year in this project for the county, too," said Jessup, pointing out that the cadet nurses would be doing work in their regular training for which the county would otherwise have to pay.

Doctor and Personnel Shortage in Los Angeles County General Hospital

Too many patients, coupled with insufficient and inadequately trained personnel, have created a serious problem in Los Angeles County General Hospital and allied county institutions—so much so that they may have to be closed against admission of additional patients, and some patients may have to be discharged before full recovery, was the warning sounded recently by A. J. Will, County Superintendent of Charities.

"The General Hospital, Olive View Sanatorium, and Rancho Los Amigos are simply unable to give customary care to patients because of the extra heavy patientload and inadequate staff of trained personnel," Will said.

Another handicap mentioned by Will was the fact that the War Manpower Commission has allocated but 37 resident physicians compared with 65 in normal times, and only 78 internes compared with 120. The General Hospital is short 140 graduate nurses.

Of the 3,500 hospital employees, more than half of the nonprofessional personnel lack the required training, he stated.

Every day approximately 500 employees are ill or wilfully absent, Will said, and on one recent day there were 240 absentees in the nursing division and 48 in the culinary department.

The hospital laundry is so short of male help that frequently two thousand bags of laundry remain unwashed at a time, and the daily patient load is running higher this year than last.

Hastings Sanatorium Established Near Pasadena

The "Charles Cook Hastings Home," envisioned by the late Charles H. Hastings in his will, creating and endowing the Hastings Foundation for research into the cause and cure of tuberculosis and other diseases, will be located near La Vina Sanatorium near Pasadena, "and will work in close coöperation with this well-known institution."

The Foundation was organized on February 19, 1943, with incorporators and the first board of directors consisting of Captain May, U. S. N. R., president; Dr. Leroy B. Sherry, Pasadena, physician and surgeon, vice-president; and Lloyd W. Brooke, member of the firm of Cruickshank, Brooke, Dunlap, and Ross, attorneys for the personal executor, as secretary-treasurer.

La Vina is a nonprofit organization incorporated under California laws in 1909 by Dr. Henry B. Stehman, occupying property consisting of 232 acres north and west of Pasadena, and this sanatorium has been engaged ever since in the care of tuberculosis patients.

La Vina has operated under the medical direction of Dr. Carl R. Howson, with corporate management in the hands of a board of directors of Pasadena and Altadena citizens.

It was decided that it would be the desire of each institution that Dr. Carl Howson, medical director of La Vina, should become the first medical director of The Charles Cook Hastings Home.

An agreement was reached whereby La Vina agreed to sell to The Hastings Foundation 7.72 acres of ground with the structures thereon, known as the Preventorium, nurses' home, and a barn now being used as a garage. The property acquired will be remodeled and equipped and established under the name of "The Charles Cook Hastings Home."

It will commence operations by conducting research into the causes and possible means of curing tuberculosis, and simultaneously will provide care and treatment for from sixteen to twenty persons afflicted with tuberculosis. The patients of The Charles Cook Hastings Home shall be cared for free from all cost and charges of any kind, nature and description, as expressly provided in Mr. Hastings' will.

It is confidently hoped that construction of The Charles Cook Hastings Home may be begun next spring and that the necessary priorities can be arranged for beginning this project during 1944 so that the benefits may be realized at the earliest date possible in view of the great needs which are developing as an unhappy result of the present World War.

Riverside County Hospital Maintenance Costs

The Riverside County Hospital, during November, was operated at a net cost of $22,580.31.

Total expenditures for the month were $27,277.12, the report shows, and credits amounted to $2,388.38. Total claims approved amounted to $24,968.69, and courthouse and county farm supplies to $2,308.43.

Credits were divided as follows: Cash from pay patients, $1,626.28; from toll calls, $2.73; from ambulance, $74.25; miscellaneous, $10; direct to county counsel, $15; service supplied to sheriff, $470.60; supplied to detention home, $133.42.

COSTS ITEMIZED

Expenditures were listed as follows: Administration, $1,492.01; professional care, $12,653.67; departments, $10,-859.54; house and property, $2,271.90.

The report listed salaries during November, 1943, at $18,836.35 and for the same month one year ago at $14,239.06. Provisions for last November cost $4,927.54, for November, 1942, $3,931.36. Other operating expenditures were: November, 1943, $3,513.23; November, 1942, $4,446.05.

General statistics included: Total number of patient days, 5,624; average patients per day, 187; average days stay, 15; total general hospital days, 3,000; daily average general hospital patients, 100; total tuberculosis days, 1,665; daily average of tuberculosis patients, 55; total chronic and custodial days, 959; total out-patient visits, 532; total new out-patients, 154; total average number of employees, 152; total average number of nurses and orderlies, 67; cost per patient per day, $4.85; food cost per meal, 19½ cents; total meals served, 23,511.

Births during November numbered 13, deaths 33. There were six major operations, 59 minor operations, 248 x-ray examinations, and 2,143 laboratory examinations.

Los Angeles Supervisors Seek Establishment of United States Marine Hospital

Los Angeles County supervisors on Tuesday gave impetus to the establishment of a United States Marine hospital on eighty acres of land at Century and Imperial boulevards when the Board recently named a committee of prominent citizens and shipping men to speed Congressional action on a bill now before Congress for the erection of the hospital.

The Committee is to urge passage by Congress of the legislation to erect the proposed 300-bed hospital and speed its construction. The County Board of Supervisors on July 28, 1943, voted to allocate the site for the hospital pending its approval by Federal officials.

Recently, Dr. Thomas E. Parran of the United States Public Health Service inspected the site and gave it his approval.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (21)

Alameda County (2)

Cheadle, Gerald E., *Alameda*
Oakes, Robert J., *Berkeley*

Butte-Glenn County (1)

Hennig, Lloyd Raymond, *Willows*

Los Angeles County (1)

Peha, Lewis, J., *Santa Ana*

San Bernardino County (8)

Barnes, M. D., *Camp Mackall, North Carolina*
Cadwell, Ernest, *Fontana*
Hardinge, Mervyn G., *Loma Linda*
Kearns, Grant F., *Daggett*
Lyda, Edwin E., *San Bernardino*
Sedam, Margaret S., *Redlands*
Smith, R. Esmond, *Patton*
Swartout, Hubert C., *Loma Linda*

San Diego County (1)

Stearns, L. M., *La Jolla*

San Francisco County (7)

Bischoff, Harold W., *San Francisco*
Buehler, J. Merle, *Watsonville*
Curtis, Loris E., *San Francisco*
Eldridge, David G., *San Francisco*
Farber, Seymour M., *San Francisco*
Quillinan, Robert H., *San Francisco*
Streck, Fletcher William, *San Francisco*

Santa Barbara County (1)

Baisinger, Cecil F., *Santa Barbara*

Transfers (5)

Dickson, Owen C., from San Francisco County to Alameda County.

Gray, Russell M., from Riverside County to San Bernardino County.

Nevins, Fred P., from Contra Costa County to Alameda County.

Sanders, Jewell, from Fresno County to Alameda County.

Scarborough, Charles G., from Fresno County to Santa Clara County.

Life Members (1)

Peers, Robert A., *Placer County*

Retired Members (3)

Adams, Walter C., *Alameda County*
Commons, Ernest L., *Los Angeles County*
Happ, William M., *Los Angeles County*

Resignations (3)

Cortright, C. B., Alameda County
Kavanagh, Mary F., San Francisco County
Powell, Alvin, Alameda County

† For roster of officers of component county medical societies, see page 4 in front advertising section.

In Memoriam

Behne, Kurt Friedrich. Died at Los Angeles, January 15, 1944, age 58. Graduate of Vereinigten Friedrichs-Universität Medizinische Fakultät, Halle-Wittenberg, Prussia, 1908. Licensed in California in 1924. Doctor Behne was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✝

Clark, Jonas. Died at Gilroy, December 31, 1943, age 91. Graduate of Harvard Medical School, Boston, 1875. Licensed in California in 1877. Doctor Clark was a retired member of the Monterey County Medical Society and the California Medical Association.

✝

Stabel, Ferdinand. Died at Redding, December 8, 1943, age 72. Graduate of the Cooper Medical College, San Francisco, 1896. Licensed in California in 1896. Doctor Stabel was a retired member of the Shasta County Medical Society and the California Medical Association.

✝

Steddom, Francis White. Died at Los Angeles, November 17, 1943, age 90. Graduate of the Miami Medical College, Cincinnati, 1887. Licensed in California in 1888. Doctor Steddom was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✝

Young, Edgar Nelson. Died at San Diego, December 23, 1943, age 58. Graduate of the College of Physicians and Surgeons, Los Angeles, 1912. Licensed in California in 1920. Doctor Young was a retired member of the San Diego County Medical Society and the California Medical Association.

CALIFORNIA PHYSICIANS' SERVICE†

(Continued from Page 38 of January issue)

Proceeding from a standing start, as it did, California Physicians' Service immediately found itself up against financial experimentation, a condition which has persisted until relatively recent months. There was no person to turn to, no table of actuarial experience, to show how much demand for service would be made under a full coverage contract or a deductible contract or a surgical contract.

No other organization had ever embarked upon a medical care plan such as this. None had achieved a financial experience which could be turned over to California Physicians' officials for their study.

With this financial inexperience, California Physicians' Service went into the market with a full-coverage contract, the type of service most in demand by the public and the type that the founders of California Physicians' Service had visualized in setting up their organization. Members were assured of full coverage for their medical and surgical care, subject only to a few exclusions which are generally standard in all medical care coverage.

Thus, during the formative period of California Physicians' Service, the broadest possible coverage was given to the beneficiary members. The result was that the unit value paid to the professional members was low. In the early days of the organization it dropped to as low as $1.10 a unit, a far cry from the $2.50 ideal unit established under the fee table. The low unit value came partially from high initial overhead costs and partially from an undue use of the service by some beneficiary members. The greater the number of total units of service rendered in any month, the lower the unit value for that month.

EXPERIENCED GAINED

Out of the mass of figures accumulated each month under this one type of coverage, California Physicians' Service gradually began to draw some conclusions as to the financial stature of its organization. Enough experience began to pile up to give the basis for charting a financial course in some one definite direction. However, as recently as eighteen months ago an independent actuary, who had been called in to make an actuarial study, reported back that he had been unable to secure sufficient data for the basis of any sound findings. In other words, California Physicians' Service had not yet come of financial age at that time.

Agitation then developed for the dropping of the full-coverage contracts in favor of surgical or two-visit deductible contracts. This policy was adopted and a gradual changeover to the two limited-coverage contracts was started. The last of the full-coverage contracts was replaced in the summer of 1943. In making this changeover there were almost no losses of member groups; in the few cases which were lost, the drains of the members of these groups on the finances of California Physicians' Service indicated that the loss was really a gain. In the main, the groups which changed from full-coverage to a more limited type of coverage indicated a satisfaction with the coverage already received and that contemplated.

With the establishment of surgical or two-visit deductible contracts throughout, California Physicians' Service started last summer to gain a new type of financial experience. It was found almost immediately that where the patient had to pay for the first two visits to his physician that he called upon the doctor only when he needed treatment. He stayed away from the doctor's office with his cut finger or other minor ailment which theretofore had been not only a nuisance to the doctor, but a financial bugbear to the organization.

Now, after some eight months of experience with nothing but surgical and two-visit deductible contracts, California Physicians' Service has gained considerably from a financial point of view. It is now definitely indicated that both these types of contracts show a much better chance of paying out an ideal unit to the professional members than the full-coverage contract ever had. It is now apparent that California Physicians' Service can earn, in a period of a normal volume of illness, fairly close to the ideal unit, provided it sticks to the surgical and deductible contracts now in use.

While the two-visit deductible contract is a little better actuarially than the surgical contract, there is little to choose between the two types of coverage. The public has shown a preference for the two-visit deductible contract because of its broader coverage. Furthermore, the sales opportunities with these two types of coverage are enhanced considerably; a group can be started with the low-cost surgical contract and, when there is demand for more coverage in the group, a rider can be attached to the contract for giving the two-visit deductible coverage. A group which has started on a surgical contract can be moved up, with a minimum of additional cost, to the two-visit deductible bracket.

†Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 5, bottom left-hand column.

UNIT VALUES IMPROVE

Unit values, meanwhile, have gone steadily ahead. From the low of $1.10 a unit during the influenza the unit went to $1.25, then advanced to $1.75 and in November, 1943, went to $1.90. It is significant that during the last year California Physicians' Service has been able to set aside some $50,000 in a reserve fund for the stabilization of the unit in times of epidemic or other periods of unusual medical demand. It is also significant that the trustees of California Physicians' Service have not wanted to establish a new and higher unit value until they see their way clear to continuing at the higher level. Thus, it appears now that the professional members may expect to continue receiving $1.90 a unit for their California Physicians' Service work.

While increasing the unit value and adding to the unit stabilization fund California Physicians' Service has also been able to repay to the California Medical Association a total of $7,000 of the $42,000 originally borrowed from the California Medical Association.

Glancing back at the financial history of California Physicians' Service in the first five years of operation, it can readily be seen that the professional members have furnished the necessary financing. Each reduced unit of service which the professional members have received has represented a contribution by the professional members. Each time a professional member has received $1.25 for a unit which he hopes will go to $2.50, he has contributed $1.25 to the program of California Physicians' Service.

In most instances these contributions have not fallen too heavily on any one professional member; in the aggregate they amount to a fairly large sum of money. It has been estimated that the professional members have donated about $1,350,000, paid by them in reduced unit values, for the first five years of experience for California Physicians' Service. Meanwhile, they have seen their own organization undertake a program which otherwise would doubtless have been taken over by some State or Federal agency. They have seen grow up a lusty infant which today has accumulated a greater knowledge of prepaid medical service plans than any other organization or Government agency in the country. And they have seen how the doctors themselves can give the strongest possible answer to the constant threat of Government medicine.

If the doctors of California had founded a commercial insurance company five years ago rather than California Physicians' Service, they would have had to dig immediately into their own resources for a sum which would probably have been close to the amount they have contributed to California Physicians' Service in reduced fees. Instead, they have had five years in which to make up their contributions. And in these five years they have established California Physicians' Service as a going concern, ready to take on the responsibility of the profession for the health of the residents of California. The ultimate price seems relatively low in terms of accomplishment.

Next month this space will be devoted to a discussion of the public relations of California Physicians' Service as affected by the professional members.

* * *

California Physicians' Service
153 Kearny Street
San Francisco, 8, California
743 South Grand View Street
Los Angeles, 5, California

Re: *Commercial Program*

November 23, 1943.

Dear Doctor:

This chart will give you the progress of the unit value during the past two and one-half years. It indicates that the conditions which caused the low unit value in 1941-1942 have been corrected and we can expect a slow but healthy development in the future. (Note: The graph is not reproduced here. Concerning the unit value of $2.50, it began at 1.10 at the end of 1940. In February of 1941 it ran between 1.20 and 1.30, remaining so until January of 1942. In February 1942, it rose to 1.40, remaining at that level through November 1942. During the next three months it rose to 1.70 plus, commencing in February 1943, and has remained at that level.)

Financial reports for the Commercial Program during the month of September were as follows:

Membership dues and registration fees	$59,704.96
Professional member registration fees	90.00
	$59,794.96
Administrative costs	15,784.88
	$44,010.08
Hospitalization and laboratory costs	6,166.09
Available for medical service	$37,843.99
20,079.1 units of service at $1.75	35,138.43
Transferred to Unit Stabilization Fund	$ 2,705.56

Sincerely yours,

A. E. Larsen, M. D.,
Executive Medical Director.

New Medical, Hospital Program for Riverside County Farmers

A plan to provide medical and hospital services for farmers was announced recently by Orpha A. Miller. This plan has been developed through the California Physicians' Service, representing over 5,000 California doctors, sixty-three of whom are in Riverside County. One or more of these doctors have their offices in each community of the county.

According to Miss Miller, the plan operates through the Bi-County Farmers' Health Association, which was organized by farmers and farm laborers last May 1, 1943. Any farm family in California whose family annual net income is $2,000 or less may join. A "Farm Family" is defined as the family group residing in the common household and contributing their income to the "Family Annual Net Income," provided more than 51 per cent of the family annual income is derived from farming or farm labor.

Employers of farm labor are said to recognize advantages of this Physicians' and Hospital Service, since the shortage of farm labor is a serious handicap.

The Farmers' Health Association enters into an agreement with the California Physicians' Service which, through its member doctors, supplies medical, surgical and obstetrical care. The farm family has free choice of their physician.

Members of the Association also receive hospitalization up to twenty-one days for each separate illness or injury which requires it. The family fee ranges from $30 for a single person to a maximum of $60 a year for the largest families. Miss Miller stated that the closing date for 1943 membership is November 13, 1943.

Application blanks and further information are available at 201 Lewis Building, Riverside, California. Phone, Riverside 1077.

Families who do not have the ready cash and no other credit may secure a partial loan from the U. S. Department of Agriculture, Farm Security Administration, in financing their participation.—Riverside *News*, October 28.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association. Meetings will convene in Los Angeles. Dates of the seventy-third annual session, to be held in 1944, Sunday and Monday, May 7-8.

American Medical Association. Sessions will be held in Chicago (not St. Louis) on June 12-16, 1944. (See *The Journal of the American Medical Association,* November 6, 1943, page 644.)

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays.

KFAC presents the Saturday program at 10:15 a. m., under the title "Your Doctor and You."

In February, KFAC will present these broadcasts on the date of February 5, 12, 19, and 26.

The Saturday broadcasts of KFI are given at 9:45 a. m., under the title "The Road of Health."

"Doctors at War":

Radio broadcasts of "Doctors at War" by the American Medical Association, in coöperation with the National Broadcasting Company and the Medical Department of the United States Army and the United States Navy, are on the air each Saturday at 2 p. m., Pacific War Time. Series commenced on January 8, 1944. Will run for twenty-six weeks.

Pharmacological Items of Potential Interest to Clinicians*:

1. *Hold Everything:* Right after H. Raistrick & Co.'s strong boost for patulin for the common cold (*Lancet,* 245:625, Nov. 20, 1943) come C. H. Stuart-Harris & Co. saying 'tain't so (*Ibid.,* p. 684, Nov. 27, 1943). Well, relax and enjoy the wit and wisdom of O. H. P. Pepper's Fever Curve of Therapeutic Fads (*Amer. Jour. Med. Sci.,* 206: 703, Dec., 1943).

2. *Among New Books:* American Psychiatric Association announces *One Hundred Years of American Psychiatry,* with fifteen chapters by various historians (Columbia University Press, New York, 1944). Also from the same excellent press comes *New Goals for Old Age,* well edited by G. Lawton (New York, 1943). Second edition of G. L. Jenkins and W. H. Hartung's *Chemistry of Organic Medicinal Products* appears expanded and improved (John Wiley & Sons, New York, 16, 1944). T. E. Keys' admirable series of essays on *The Development of Anesthesia* would make a swell booklet, after collection from *Anesthesiology* (Vols. 3 and 4) in which they originally appeared. Allergists might note G. Erdtman's *Introduction to Pollen Analysis* (Chronica Botanica, Waltham, Mass., 1943). W. H. Schopfer's *Plants and Vitamins* has been translated by N. L. Noecker (Chronica Botanica, Waltham, 1943). *Frontiers in Cytochemistry* is a honey symposium in honor of R. R. Bensley, edited by N. L. Hoerr (*Biologic Symposia X,* Cattell Press, Lancaster, Pa., 1943). P. B. Hoeber offers four likelies: G. Draper & Co.'s *Human Constitution in Clinical Medicine;* O. Glasser & Co.'s *Physical Foundations of Radiology;* R. W. Nauss's *Medical Parasitology and Zoölogy;* B. P. Babkin's *Secretory Mechanisms of the Digestive Glands* (New York, 1944). J. B. Lippincott issue, twenty-third edition, *The Dispensatory of the United States of America,* 1881 pages, edited by H. C. Wood & Co., for $15 (Philadelphia, 1943). Bremer's *Histology* has been revised by H. L. Weatherford (Blakiston, Philadelphia 5, 1944). For $35, W. B. Saunders Company offers H. L. Bockus' three volume *Gastro-Enterology* (Philadelphia 5, 1943). They also present R. P. McComb's neat *Internal Medicine* (Philadelphia 5, 1943). For $2, one may get I. D. Cardiff's *A Million Years of Human Progress* (Dorset, New York, 1943). Pithy is M. Greenwood's Linacre Lecture, *Authority in Medicine* (Macmillan, New York, 1943). Helpful is W. D. Postell's *Medical Bibliography* (New Orleans, 1943).

3. *Shock:* J. Davis says, "Watch A. Cournand & Co.'s studies on circulation in clinical shock, defined as end-stage of circulatory failure, and noting hemodilution in traumatic and hemorrhagic shock with rapid circulatory failure and possible vasomotor collapse, but hemoconcentration in burns and abdominal injury" (*Surgery,* 13:964, 1943). Y. Henderson struts perky review on tonus and denopressor mechanism and clinical physiology of major mode of death (*Medicine, 22*:223, 1943), and then raises hob with Council on Physical Therapy of the American Medical Association over the return of the pulmotor as a "resuscitator" a back-step toward the death of thousands (*Science,* 98:547, Dec. 24, 1943). How about the H-H Inhalator? R. A. Cleghorn finds mortality in dogs from standard severe bleeding is less at 72 degrees Fahrenheit than at

† In the front advertising section of *The Journal of the American Medical Association,* various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged.

* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

colder or warmer temperatures (*Canad. Med Assn. Jour.*, 49:362, 1943). R. L. Noble & Co. induce trauma resistance in rats, by gradually increasing trauma, and find less biochemical change in resistant than in normal animals (*Amer. Jour. Physiol.*, 138:346, 1943; *Proc. Soc. Exp. Biol. Med.*, 54:249, 1943). W. H. Cole & Co. find no correlation between plasma protein and blood specific gravity in gravity shock in rabbits (*Ibid.*, p. 215).

4. *Tooting Our Own:* R. Gregory, P. Ewing et al., in addition to stirring up much on hypertension (*Texas Rep. Biol. Med.*, 1:167, 1943, and more to come) show insulin, glucose, and pyruvate have no effect on rate of alcohol metabolism (*Proc. Soc. Biol. Med.*, 54:206, 209, 1943). A. H. Hanszen and W. Selle find adsorbents in diet inhibit butter-yellow liver cancer (*Ibid.*, p. 225). G. Emerson notes neostigmine plus dilantin protect rats against severe anoxia (*Ibid.*, p. 252). L. L. Lumsden, C. A. Nau and F. M. Stead are honest about our food poisoning (*Pub. Health Rep.*, 58:1497, 1943). E. J. Poth describes succinyl and phthalyl sulfathiazols as intestinal antiseptics (*Texas State Jour. Med.*, 39:369, 1943).

5. *Etc.:* J. W. Knutson and W. D. Armstrong show some beneficial effect from ten topical applications of 2 per cent NaFl solution in preventing dental caries (*Pub. Health Rep.*, 58:1701, 1943). L. J. Davis offers helpful survey of hemolytic anemias (*Edin. Med. Jour.*, 50:589, 1943). W. T. Longcope discusses serum sickness from sulfonamides (*Med.*, 22:351, 1943).

Mortality Among Physicians in 1943.—Of 3,156 deaths of physicians reported in *The Journal of the American Medical Association* during 1943, twenty of the doctors were killed in war action and 105 died in military service, *The Journal* reported.

Physician's Federal Income and Victory Tax.—The American Medical Association Bureau of Legal Medicine and Legislation has prepared a five-page digest of the Federal income and victory tax regulations as regards physicians. The synopsis is printed in *The Journal of the American Medical Association* for January 29, 1944, pages 306-210, and contains much of interest to physicians who may be laboring with their reports to be submitted to the Government.

Penicillin Use in Venereal Disease.—According to an Associated Press dispatch, two medical officers on February 1 told the American Social Hygiene Association that they used the new drug penicillin to cure all of about one thousand cases of gonorrhea—most of them within fifteen to twenty-four hours per case.

The medical men were Dr. John F. Mahoney, director of the Venereal Disease Research Laboratory of the United States Marine Hospital at Staten Island, and Col. C. M. Walson, Medical Corps officer of the Second Service Command.

Doctor Mahoney said that between 700 and 800 men infected with gonorrhea were treated at the Marine Hospital and all recovered. Fifteen hours was the average length of time in effecting a cure, he added.

Penicillin also was used to treat sixty men with early syphilis, and all apparently are recovering.

Doctor Walson said that 156 cases of gonorrhea which did not respond to treatment by sulfa drugs were all cured by penicillin. Eighty-eight per cent of the cases were cured within twenty-four hours by one administration of the drug, but the other cases required from two to three administrations over a slightly longer period.

American Red Cross, Washington 13, D. C.—During March the American Red Cross will raise its 1944 War Fund. A goal of $200,000,000 has been set.

The millions of volunteer donors who have visited American Red Cross blood donor centers have helped save the lives of great numbers of our soldiers and sailors. These centers are equipped with up-to-the-minute scientific apparatus, and their operation is financed from Red Cross funds.

Thousands of food parcels packed by volunteers are regularly shipped by the America Red Cross for distribution to American and United Nations prisoners of war and civilian internees in Europe. Similar shipments also go to the Far East. The Red Cross serves on every front.

American College of Surgeons to Hold Twenty-Two War Sessions in 1944.—Twenty-two cities, distributed throughout the United States and Canada, have been selected by the American College of Surgeons as headquarters for one-day War Sessions to be held in March and April, 1944. Advancements in military medicine and developments in civilian medical research and practice under the spur of the war emergency will be presented by authorities representing governmental agencies, and by civilian physicians and surgeons.

The meetings will be open to the profession at large, including medical officers of the Army and the Navy, residents, interns, medical students, and executive personnel in hospitals.

The California schedule for the meetings follows:

Monday, April 24—San Francisco, Northern California and Nevada, Mark Hopkins Hotel.

Thursday, April 27—Los Angeles, Southern California and Arizona, The Biltmore Hotel.

San Francisco and California's Population Show Increase.—Civilian population of San Francisco for January, 1944, is 690,000, the California Taxpayers' Association estimated. This is an increase of about 55,000, or approximately 9 per cent over the 634,536 people here when the 1940 census was taken, the Association stated.

Population of the State is estimated at 8,014,000 for January, 1944, by the taxpayers' organization. This is an increase of 1,007,000, or about 16 per cent, over the 6,907,387 people shown by the April, 1940, census. Population of the State a year ago was estimated at 7,795,000.

"Postwar planning should recognize the return to their old homes of many of the people who have gone to war industry areas to work," the Association pointed out. "In ordinary times the growth of population in California has been widespread with nearly all areas showing increases. After victory, population of many inflated war centers can be expected to drop back toward normal. Local government planning for the future should provide for such a trend in population.

Baruch Committee on Physical Medicine: Dr. Ray Lyman Wilbur, Chairman.—Chancellor Emeritus Ray Lyman Wilbur recently returned to the Stanford campus from the East, where he has been organizing the Baruch Committee on Physical Medicine, of which he has been appointed chairman by Bernard Baruch. The Committee has received a $25,000 grant with which to conduct its establishment and research.

Doctor Wilbur describes the mission of the newly formed committee as follows: "The principal problem is to study the field of physical medicine in the United States and make recommendations of the best ways in which to advance the training in this field of medicine." The study will include an assimilation of all the facts concerning physical therapy which are available at the present time.

The Committee has established an office in New York for the next three months, in which time it will make a

preliminary review of physical medicine in its various aspects. The field of physical therapy includes hydrotherapy, electrotherapy, light therapy, balneology (therapeutic use of natural mineral waters), massage, and the use of light rays as treatment. According to Doctor Wilbur, Baruch has asked the Committee to investigate the assistance the program could give to the rehabilitation of wounded men of the service.

Physical medicine has a long but undeveloped past history, but, according to Doctor Wilbur, the future will find it making great advances as a scientific field.

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.
San Francisco

Legal Effect of Delegation of Duties to a Registered Nurse

Because of the current shortage of physicians and surgeons in most localities, numerous inquiries have been received as to the legality of entrusting certain procedures to registered nurses employed in a physician's office and thereby conserving, to a considerable extent, the more valuable time of the physician.

When a medical procedure or treatment is delegated by the physician to his nurse, two legal questions are raised: First, a question of possible unlawful practice of medicine by the nurse; and, second, a question as to the effect of such delegation upon possible malpractice liability of the physician.

In *Sowash* vs. *Emerson*, 32 C. A. 13, it was held that nursing is a distinct scientific profession which is properly the subject of regulation by the State. Accordingly, in determining what a registered nurse, licensed by the State of California, may properly do, reference must first be had to the statutes. Business and Professions Code, Section 2725 defines the practice of nursing:

"The practice of nursing within the meaning of this chapter is the performing of professional services requiring technical skills and specific knowledge based on the principles of scientific medicine, such as are acquired by means of a prescribed course in an accredited school of nursing as defined herein, *and practiced in conjunction with curative or preventive medicine as prescribed by a licensed physician* and the application of such nursing procedures as involve understanding cause and effect in order to safeguard life and health of a patient and others." (Italics ours.)

The next section of the Code provides that the license of a registered nurse confers no authority upon the holder to practice medicine or surgery or to undertake the prevention, treatment or cure of disease, pain, injury, deformity or mental or physical condition in violation of any principle of law.

The net result of these sections is that a nurse may legally perform any procedures in connection with the care of a patient which would not constitute practice of medicine in violation of the Medical Practice Act and can do many things under the general supervision of a physician which would be unlawful if performed entirely on her own responsibility. The law clearly authorizes a registered nurse to undertake all necessary procedures to carry out the orders of a doctor of medicine. In answer to inquiries, we have advised that if done under the supervision of a doctor of medicine, a registered nurse may properly carry out such procedures as the giving of intramuscular and intravenous hypodermic injections.

The question then is raised of the effect of delegation to a nurse of certain duties upon possible malpractice liability of the physician. Unless the acts performed by the nurse at the direction of a physician are of such a nature that no reasonably competent physician would allow a nurse to perform them, the fact alone that the nurse rather than the physician performs a certain act would not establish liability for malpractice in the event that some damage results to the patient from the treatment. A physician is, however, directly responsible for all acts of his assistants and, in the event some damage results to the patient through the negligence of the nurse, liability could be imposed upon the physician.

In the final analysis, it must be the physician in charge who determines what a nurse shall be permitted to do in a given case. The final responsibility for the results of her action rests upon him and he must be the judge of the extent of her knowledge and experience.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

Urology Award.—The American Urological Association announces its annual award "not to exceed $500" for an essay on the result of some specific clinical or laboratory research in urology. The amount of the prize is based on the merits of the work presented, and if the Committee on Scientific Research deems none of the offerings worthy no award will be made. Competitors shall be limited to residents in urology in recognized hospitals and to urologists who have been in such specific practice for not more than five years. The selected essay (or essays) will appear on the program of the forthcoming meeting of the American Urological Association, June 19 to 22, Hotel Jefferson, St. Louis. Essays must be in the hands of the secretary, Dr. Thomas D. Moore, 899 Madison Avenue, Memphis 3, Tennessee, on or before March 15.

Concerning Resolutions to Be Submitted to the House of Delegates of the California Medical Association at the Annual Session.—Members of the Association and of the House of Delegates of the California Medical Association who have in mind the submittal of resolutions or amendments to Constitution and By-Laws to be presented to the House of Delegates at the annual session, to be held in Los Angeles on May 7-8, 1944, should keep in mind the rules of the House, which state that all such proposed resolutions and amendments must be submitted in triplicate and handed to the Secretary at the time the same are presented.

The Size of "California and Western Medicine" Reduced: Governmental Directive.—Commencing on January 1, 1944, it has been necessary to reduce the number of pages in CALIFORNIA AND WESTERN MEDICINE by 10 per cent. The governmental directive applies to all publications, and has been issued in order to conserve paper. The saving has been accomplished by reduction in number of pages in both the text and the advertising divisions. Hereafter some of the rosters which have appeared in every issue of CALIFORNIA AND WESTERN MEDICINE will have place only on alternate months.

By no means the least important factor in preparation for defense is the maintenance and promotion of health at home. A high standard of health is important enough in normal times. It is doubly important in a time of stress. In the war-torn countries of Europe today, epidemics of disease are almost as greatly feared as enemy invasion.—Hon. Herbert H. Lehman, former Governor of New York State.

WHEN THE GOVERNMENT "SOCIALIZES" MEDICINE



—Reprinted by permission.

Will Medical Practice Be Run From Washington?

Does the country desire the federalization of the practice of medicine?

If not, a very near approach to some such system is contained in the Wagner-Murray-Dingell bill, now before Congress.

Under this bill, the insurance, unemployment, and old-age benefits provided in the Social Security Act would be extended to include medical care.

Limited hospitalization also is included in the provisions of the measure. . . .

And that brings up the question of costs.

How is such a grandiose scheme to be financed?

It is proposed to amend the Social Security Act so 6 per cent of every employee's salary up to $3,000 shall be withheld from his pay envelope, this to be matched by a contribution from the employer.

And one man would be given practically unrestricted administration of this tremendous sum.

No one denies there are defects in the existing system of ministering to the sick. But this proposed cure, creating as it does a great federal medical machine at enormous costs to the taxpayers, appears to be a worse evil than any ills which exist.—Fresno *Bee*, December 27, 1943.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XVII, No. 2, February, 1919

EXCERPTS FROM EDITORIAL NOTES

State Program Being Filled.—The Committee on Scientific Program wishes to remind authors who are to read papers at the next annual meeting, which is to be held in Santa Barbara the third week in April, that titles and synopses must be in the hands of the *Secretary by March 1.* Because of the absence of many of the members of the Society who have been connected with the Service, and because of the great stress of work which has resulted from the prevailing epidemic of influenza, the Committee this year suspended its former ruling that all titles and synopses be in the hands of the Secretary by January 1. Remember the dates—April 15, 16, 17.

The ruling that all authors must deliver to the Chairman of the Section before which his paper is read a copy of said paper *before reading,* will be strictly adhered to and the members are requested to bear this ruling in mind and govern themselves accordingly. . . .

Notice Particularly.—Do not forget to say, "I saw your 'ad' in the Journal" when you buy or order. It helps the Journal, the dealer, and yourself. If you can say that, you are assured of the quality of what you buy. Just notice how many times this month you can actually *say it.* If you say it but seldom, then for goodness' sake turn at once to the advertising pages of the Journal and see what an attractive line is available to you. This is no time to shirk obligations. Here is one of yours. Shoulder it. It's not very large. "I saw your 'ad' in the Journal." Write it. Say it. Profit by it.

The Physician and the Industrial Accident Commission.—Unquestionably, the operation of the Workmen's Compensation, Insurance and Safety Act in this State has not been satisfactory to the medical profession. Fundamentally, the elimination of the free choice of physician by the employee is subversive of professional ideals. The substitution of the physician employed by the State fund or by the private insurance carrier in the place of the family physician by dictate of the statute, aroused a deep and abiding sense of injustice in the breast of the doctor.

We believe that the profession, in order to render the greatest service to the public and to itself, should recognize certain indubitable facts. First, that workmen's compensation *is* and *will be.* . . .

Another feature often criticized by physicians is the low fee schedule operative with the Industrial Accident Commission and casualty insurance carriers in general. There are various factors to be considered here. The physician's overhead expense has advanced probably at the same rate as his cost of living. His fees have not advanced. Workmen's wages have advanced rather in proportion to the cost of living. Should not the fee schedule be higher? Should the fee represent the value of the service rendered to the workman or its value in terms of the physician's skill and time? What is the just basis for all fees? . . .

Druggists and the Venereal Campaign.—According to the *Social Hygiene Monthly,* approximately forty-five thousand retail druggists of the country are being asked

(Continued in Front Advertising Section, on Page 20)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By F. N. Scatena, M. D.
Secretary-Treasurer

Board Proceedings

Results have recently been released for the October and November written examinations of the Board of Medical Examiners. Forty-five physicians and surgeons, one drugless practitioner, and one midwife passed the October examination, conducted in Sacramento. Fifty-seven physicians and surgeons and one drugless practitioner passed the November written examination, conducted in San Francisco.

An oral examination will be conducted at the Board's office, 515 Van Ness Avenue, San Francisco, at 10 a. m., January 20, 1944. The Business and Professions Code, relating to the practice of medicine, requires that applicants for reciprocity, basing their applications on a certificate issued more than ten years ago in their home state, must pass an oral examination in this State.

* * *

The next regular meeting of the Board will be held at the Elks Club, Los Angeles, February 7 to 10, 1944. At this meeting, written examinations will be conducted. Hearings on complaints for revocation of licenses, as well as hearings on petitions for restoration of revoked licenses, will be held, and other administrative business will be on the agenda for that meeting.

News

"Dean Loren R. Chandler, Stanford Medical School, was honored at the annual dinner of the Stanford Alumni Association at the Hotel St. Francis last night for his ten years on the University staff and for the work he has done in behalf of postwar medical scholarships for service men whose educations were interrupted by the war. . . ." (San Francisco *News,* December 4, 1944.)

"Grim irony was in the story told today of how Captain Morris Gordon, San Francisco physician, won the Silver Star for gallantry in action on Attu. When Captain Gordon crawled forward in a hail of Jap bullets to rescue a wounded man, his companion tried to pull him back, warning Gordon that it would be suicide to leave their foxhole. Gordon made the rescue safely, but a few seconds later his buddy was dead, killed by a Jap shell that smashed the foxhole Gordon had left. . . ." (San Francisco *Call-Bulletin,* January 4, 1944.)

"Much thought is being given to the problem of providing reëmployment for men returning from military service. So far as possible, old jobs are being kept available. But this does not apply to one group in the service whose jobs were the result of years of training and individual effort. When a doctor goes to war his job cannot be preserved for him. His patients must go elsewhere. When he returns he must find new patients—a slow, tedious task that will not be made any easier by the fact that tens of thousands of other doctors released from the armed forces will be doing the same thing. . . ." (Santa Rosa *Republican,* November 27, 1943.)

"The San Francisco College of Drugless Physicians, 1119 Market Street, closed its doors today for the duration,

(Continued in Back Advertising Section, on Page 36)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.



Adrenal cortical insufficiency notoriously lowers resistance and increases susceptibility to infections. The patient with asthenia and weakness, low resistance and low muscle tone, due to cortical insufficiency, may also complain that common respiratory infections persist and recur.

Prompt treatment of the cortical insufficiency with **Adrenal Cortex Extract (Upjohn)** may speed recovery and lower the frequency of recurrence of infections.

The whole cortical hormone is a complex of more than twenty active principles. These are unduplicated to date by any synthetic substance. A *natural* complex such as Adrenal Cortex Extract (Upjohn) remains the most effective treatment for cortical insufficiency.

Adrenal Cortex Extract (Upjohn)

Sterile solution in 10 cc. rubber-capped vials for subcutaneous, intramuscular and intravenous therapy

Upjohn
KALAMAZOO, MICHIGAN

ANOTHER WAY TO SAVE LIVES . . . BUY WAR BONDS FOR VICTORY

For Acidity and Allied Conditions, we suggest ADAMS SPRINGS MINERAL WATER



● MANY physicians recommend the water in conjunction with the treatment of stomach, liver and kidney trouble.

ADAMS MINERAL SPRINGS is one of the seven known iron and maganese bi-carbonate springs in the world, and the only one in Western America.

It is not a cure-all, but it overcomes acid excesses in the body, and is a very mild but wonderfully effective eliminator. The bowels function without spasm, the kidney output is greatly increased, and there is *marked* drainage of bile from the gall bladder and liver.

There is also some constitutional upset for a few days, particularly in gall bladder cases. But this is soon over and your patient begins to show improvement and is now in condition to profit by any medication you may prescribe. If the case is an operative one, you have improved your patient and made of him a better risk.

We will be pleased to cooperate in any way whatever, and samples of water are yours for the asking.

A Natural Mineral Water

SHOWING MAIN CONSTITUENTS

By PROF. SYDNEY A. TIBBETTS, *Berkeley*

MANGANESE	1.3 parts per million
IRON	12.5 parts per million
CALCIUM	173.3 parts per million
MAGNESIA	339.3 parts per million
SODIUM	365.0 parts per million
SILICA	93.0 parts per million
CHLORINE	38.3 parts per million
SULPHATE	16.1 parts per million
NITRATE	0 parts per million
PHOSPHATE	.7 parts per million
CARBONATE	1551.4 parts per million
TOTAL	2591.4 parts per million

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Modern hotel, open all year around.

3,000 feet up in the Lake County Pines. (Since 1870)



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Important discoveries make possible the greatest help ever offered the hard of hearing.

Write for New Free Booklet About These Latest Government Findings.

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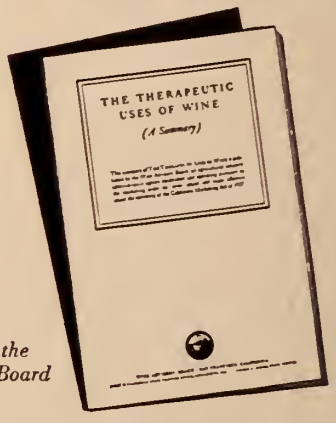
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FACTS DOCTORS SHOULD HAVE ON

WINE IN THE DIET



Published by the Wine Advisory Board

DISCUSSIONS of wine's historical uses . . . the caloric content of wine . . . its dextrose and levulose content . . . its vitamin and mineral constituents . . . the assimilability of the ferrous iron in wine . . . etc. . . . form one of the chapters of *The Therapeutic Uses of Wine (a Summary)*. This review in monograph form has been prepared by competent medical authorities. It should be of interest to specialists in many fields as well as to the general practitioner.

THE CONTENTS INCLUDE: Sections on the actions of wine on the gastro-intestinal system, the cardio-vascular system, the kidneys and urinary passages, the nervous system and the muscles, and the respiratory system. The uses of wine in diabetes mellitus, in acute infectious diseases and in treatment of the aged and the convalescent. The value of wine as a vehicle for medication. The contraindications to the use of wine. And an extensive bibliography for those who may wish to pursue the subject further.

This review results from a study supported by the Wine Advisory Board, an agricultural industry administrative agency established under the California Marketing Act, and has been sponsored by the Society of Medical Friends of Wine.

A copy of *The Therapeutic Uses of Wine* is available on request to any member of the medical profession. Write for it, to the Wine Advisory Board, 85 Second Street, San Francisco 5, California.



Baker's Modified Milk

"biologically similar to breast milk"

ALL we have learned from our doctor friends about nutritional needs of the bottle-fed baby . . . about digestive tolerance and elimination . . . about muscle tone and tissue turgor . . . all this we took into the laboratory and utilized in the making of Baker's Modified Milk.

With such a background, Baker's is well-equipped to help you produce that happy end-result—the well-nourished baby. . . . It is, in short. "*biologically* similar to breast milk."

Fortified with seven extra dietary essentials—a liberal supply of protein (40 per cent more than breast milk), complementary gelatin, an adjusted fat, two added sugars, 400 units of vitamin D per quart, extra vitamin B-1, and iron . . . well tolerated by newborns and prematures . . . helpful in correcting regurgitation, loose or too frequent stools . . . well supplied with the nutritive elements necessary for proper growth. This, doctor, is Baker's Modified Milk, made to the specifications of our friends in the medical profession.

May we send you full information about it?

A POWDER AND LIQUID MODIFIED MILK PRODUCT

especially prepared for infant feeding. Made from tuberculin-tested cows' milk in which most of the fat has been replaced by animal, vegetable and cod liver oils, together with lactose, dextrose, gelatin, Vitamin B complex (wheat germ extract, fortified with thiamin), and iron ammonium citrate, U.S.P. Not less than 400 units of vitamin D per quart. Four times as much iron as in cows' milk.



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GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

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For Diseases of the Chest — *Monrovia, California*

AN INSTITUTION FOR DIAGNOSIS AND THERAPY

(Established 1903)

CHOICE rooms and bungalows at rates ranging from $37.50 up, including routine medical and nursing services, interim physical, x-ray and laboratory examinations, ordinary medicines and pneumothorax. A charge is made for the first complete examination.

In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Close medical supervision. Aside from tuberculosis, special attention is given to asthma, bronchiectasis, lung abscess and kindred diseases. Separate institution for children.

For particulars address:

THE POTTENGER SANATORIUM AND CLINIC • Monrovia, California

TWENTY-FIVE YEARS AGO

(Continued from Front Advertising Section, Page 22)

Excerpts from County Societies: The Los Angeles County Medical Association.—Met in the Auditorium of the Normal Hill Center, Monday, December 23, 1918, at 8 p. m. . . .

Dr. William Duffield presided and gave his farewell address in a masterly manner, for this, perhaps, the most eventful year of our organization. . . .

Doctor Duffield, on calling for the report of the retiring secretary-treasurer, Dr. George H. Kress, voiced a beautiful tribute in speaking of Doctor Kress's untiring efforts these many years in building up the Society from a small organization to one of the biggest and most efficient in the country. Every member present responded in giving a hearty ovation, recognizing and appreciating the justice of the president's remarks.

Dr. Fitch C. E. Mattison moved that the Society give a token to Doctor Kress as a reminder of our appreciation and esteem. It carried with great eclat.

Doctor Kress's report showed the value of membership in the Society, as will appear elsewhere in full. . . .

Sacramento County: County Hospital to Have Staff System.—The staff system of attending to the medical and surgical wants of the patients will go into effect at the Sacramento County Hospital next Monday. This system was approved unanimously at the meeting of the Sacramento Society for Medical Improvement held at the Hotel Sacramento Tuesday evening, December 10, 1918. . . .

(Continued on Page 34)



TRINIDEX

A Sterile, Pyrogen-Free Solution of

5% DEXTROSE IN NORMAL SALINE

Fortified with

NICOTINAMIDE, RIBOFLAVIN AND THIAMINE HYDROCHLORIDE

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ADVANTAGES OF TRINIDEX:

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Dextrose, U.S.P.	50 Gm.
Sodium Chloride, U.S.P.	9 Gm.
Nicotinamide, U.S.P.	30 mg.
Riboflavin, U.S.P.	6 mg.
Thiamine Hydrochloride, U.S.P.	3 mg.

Note that in Trinidex Solution the ratio of thiamine, riboflavin and nicotinamide is 1:2:10, which is the ratio suggested by the Council on Pharmacy and Chemistry of the American Medical Association for the oral use of these vitamins.

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Because riboflavin is rapidly decomposed in light, the Vacoliter containing Trinidex is specially coated with a *transparent* film which filters out the damaging rays. Unlike opaque lacquer coatings, this transparent film permits practical visibility of the solution within the container. The transparent coating is distinctly more effective than a paper carton for protecting riboflavin. When the paper carton is removed from the container, the riboflavin is exposed to light during administration of the solution.

Complete literature upon request

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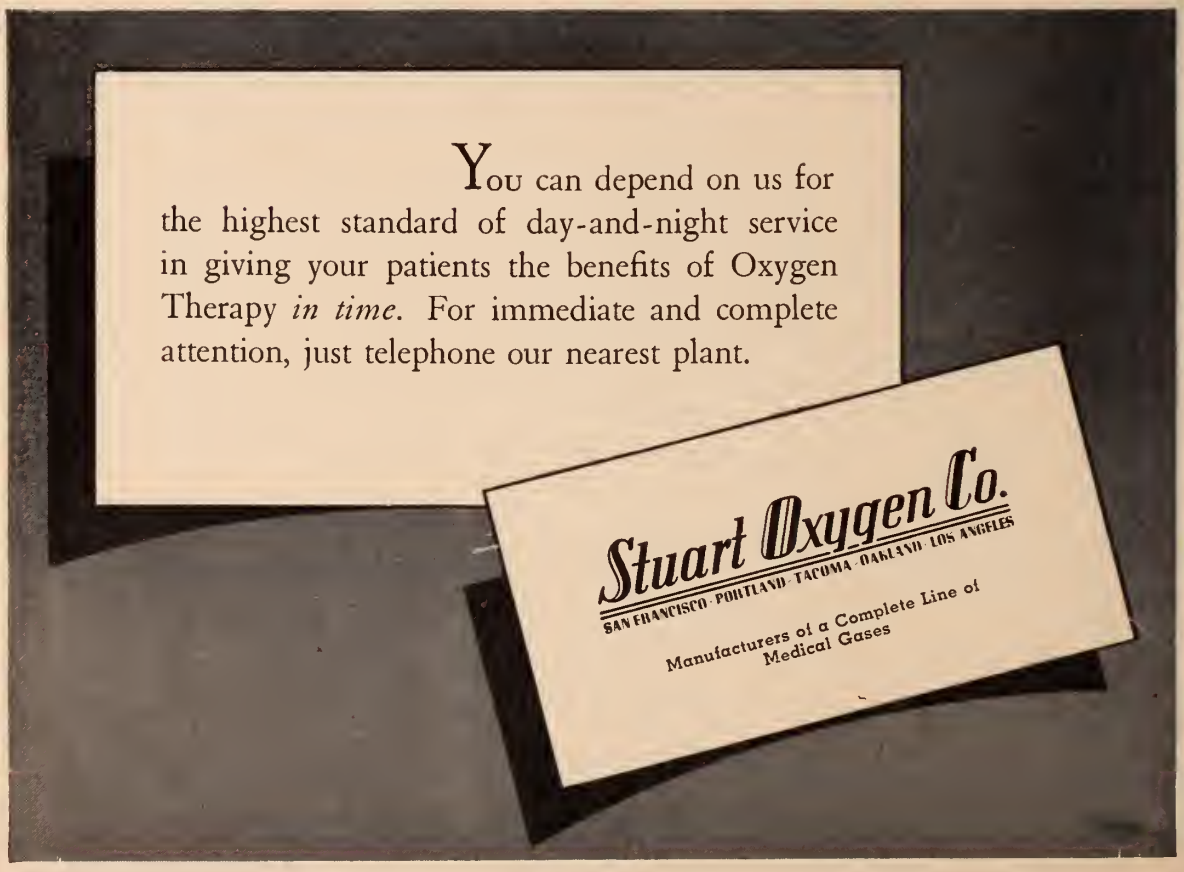
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Delicious and
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You can depend on us for the highest standard of day-and-night service in giving your patients the benefits of Oxygen Therapy *in time*. For immediate and complete attention, just telephone our nearest plant.
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THE NATURAL VITAMINS OF COD LIVER OIL

WHITE'S Cod Liver Oil Concentrate presents the natural vitamins A and D derived only from cod liver oil itself—in the proportions found in U.S.P. cod liver oil.

Free from excess fatty oils and bulk, it provides three pleasant, simple dosage forms for prescribing the A and D vitamins of cod liver oil for your various patients—infants, growing children, adults:

LIQUID—for drop dosage to infants.

TABLETS—pleasantly flavored—children may chew them.

CAPSULES—for larger dosage.

Economical—In contrast to the high current retail cost of plain cod liver oil, White's Cod Liver Oil Concentrate provides potency at an economical price. Prophylactic antirachitic dosage for infants costs less than 1¢ a day.

Ethically promoted—not advertised to the laity. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, New Jersey.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

WHITE'S COD LIVER OIL CONCENTRATE . . .

- LIQUID
- TABLETS
- CAPSULES

White's PRESCRIPTION *vitamins*



Nestlé's Milk Products

world's first choice

for babies!



No feeding directions furnished to the laity

PRENATAL VARICOSITIES

And Foot Discomfort

May Be Lessened by a

SPENCER SUPPORT



Scientific Abdominal Support Plus Posture-Improvement May Also Lessen Chance Of Development Of . . .

TOXEMIA

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NAUSEA
Non-pathological

HEMORRHOIDS

SACROILIAC
And Other Back Sprains

HARMFUL POSTURE

At left: Light, flexible Spencer Maternity Support. Side-lacers easily widened as figure enlarges. Supports lower abdomen—elastic inserts permit freedom at upper abdomen. Improves posture.

Since each Spencer Support is individually designed, cut and made to meet the specific needs of the one patient who is to wear it, it is remarkably more effective than a ready-made support—and far more comfortable and durable. Individual designing also makes possible our *guarantee* that a Spencer will never lose its shape, thus providing continuous support and posture-improvement.

The Spencer Corsetiere not only delivers the completed garment and adjusts it properly on patient, but keeps in touch with the patient, thus saving the doctor time and bother.

Spencers are never sold in stores. For a Spencer Specialist, look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven 7, Conn.
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May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

.....M. D.

Address P-2

Important Wartime change in Biolac!

Borden's complete infant formula

To conserve vital tin, we are now packaging Biolac in 13-fl.-oz. cans instead of the former 16-fl.-oz. size. The new Biolac is more highly concentrated but the new smaller can contains identically the same food values.

Now each fl. oz. of Biolac should be diluted with 1½ fl. ozs. of water and not 1 fl. oz. as formerly.

Briefly, the situation on Biolac is this . . .

When it became necessary to package Biolac in 13-fl.-oz. instead of 16-fl.-oz. tins, we set our chemists to work to concentrate the food elements to fit the container.

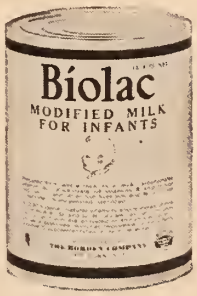
Tests of the new concentrate show *identical food* values in the smaller container. **The new container still makes one full quart of standard formula.**

Biolac still provides all nutritional needs of the young infant except vitamin C. **The price remains the same.**

Change in Formula-Making Directions

For standard formulas the new, more concentrated Biolac should be *diluted with 1½ parts water* (instead of using equal parts of Biolac and water).

For detailed information write to Borden's Prescription Products Division, 350 Madison Avenue, New York 17, N. Y.



NO LACK IN

BIOLAC

Borden's complete infant formula

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods

Biolac is prepared from whole milk, skim milk, lactose, vitamin B_1, concentrate of vitamins A and D from cod liver oil, and ferric citrate. Evaporated, homogenized, sterilized.

The Ship is different today...

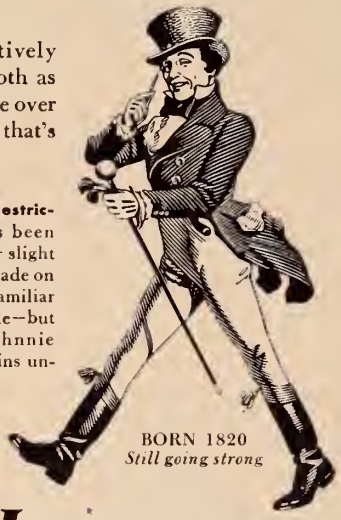


English Steam Packet of the early 19th century

BUT this Passenger is still the same!

Still as distinctively mellow and smooth as the day it first came over from Scotland... that's Johnnie Walker.

Due to British War Restrictions, gold foil has been eliminated and other slight changes have been made on the *outside* of the familiar Johnnie Walker bottle—but *inside* good old Johnnie Walker whisky remains unchanged.



BORN 1820
Still going strong



JOHNNIE WALKER

BLENDED SCOTCH WHISKY

RED LABEL 8 YEARS OLD

BLACK LABEL 12 YEARS OLD

Both 86.8 Proof
Canada Dry Ginger Ale, Inc., New York, N. Y.
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May We Suggest CALSO WATER for the Urologists

Indications

For all genito-urinary infections, particularly the irritated bladder of Prostatics

Pre- and Postoperative Treatment

Fluid Depletion

Indicated in combinations with Sulfa therapy

Formula

Calcium Carbonate
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Sparkling Palatable Not a Laxative

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THE CALSO COMPANY
524 Gough St., San Francisco, Calif.

CALSO WATER is not a laxative.

TWENTY-FIVE YEARS AGO

(Continued from Page 28)

Excerpts from Notices: The Physician After the War.—The great war [World War I] is over, for which let us give thanks. In passing, let it be said that no class of men have responded more promptly to the call of their country or made greater sacrifices than the medical profession. . . .

The doctors who are returning from this war are not the same men who went into it. They are more efficient in every way; their outlook on life is broader; they have a more charitable feeling for the shortcomings of their fellow workers, and in the future there will be more co-operation and less petty jealousy and fault-finding. One great lesson the doctor has learned from the war is the value of system and teamwork and it is probable that sooner or later war-time developments will become the guide to medical organization. . . .

The medical man in the future will be a large factor in industry. Every large concern now has a medical organization to look after the health and working condition of its employees. The organized prevention of sickness has become recognized as being as important as "Safety First" organizations for the prevention of accidents. . . .

Vivisection Debate at the Commonwealth Club.—At the monthly dinner of the Commonwealth Club of California held at the Hotel St. Francis, San Francisco, on Thursday, December 19, 1918, the subject set for discussion was "Vivisection—Is It Necessary to Medical Progress?"

After the introductory remarks of President Boynton, Dr. William Ophüls, vice-chairman of the Club's Section on Public Health, read the report of the Section, explaining the necessity for animal exjerimentation. The report

(Continued on Page 36)



★Photographs from "*The AVITAMINOSES*" 1941 . . . courtesy, The Williams & Wilkins Co., Baltimore, Maryland.

THE MANIFESTATIONS OF VITAMIN A DEFICIENCIES

The gross papular eruption of the skin is due to hyperkeratosis of the hair follicle. The accompanying photographs show advanced stages of vitamin A deficiency. Other evidences of this deficiency include nutritional night blindness, xerophthalmia, keratomalacia, and possibly decreased resistance of the body to infection. Other evidences of vitamin A deficiency have been proposed but are not yet definitely established. The early signs of vitamin A deficiency are not readily determined. Two tests are available for this detection. They include tests for loss of adaption to dim light and more recently, determination of vitamin A in the blood.

Vitamin A deficiency may be anticipated when patients are on limited or reducing diets, among faddists, cases of hyperthyroidism (thyroxine is supposedly antagonistic to vitamin A), in severe infections, chronic diarrhea, biliary duct obstruction, and celiac disease. The importance of normal fat metabolism for absorption of carotene (precursor of vitamin A), is well recognized. Therefore persons on low fat diets or whose gall bladder has been removed are especially likely to develop a deficiency. Mineral oil *inhibits absorption of carotene.*

Although justification does not exist for calling vitamin A the "anti-infective vitamin," the administration of vitamin A helps establish resistance of the body to infections in general when there has been an exhaustion of body reserves of the vitamin, and the ingestion of vitamin A is inadequate.



Where these deficiencies are present prescribe I.V.C. Preparations

I. V. C. Vitamin A therapy, along with the use of other vitamins as the physician deems necessary, have been found effective remedial measures for the pathologic conditions listed. I. V. C. makes available to the profession, specific Vitamin products for definite pathologic conditions and Vitamin mixtures for general therapy.

I. V. C. confines its efforts exclusively to the production of ethical Vitamin preparations. Quality is guaranteed, cost to your patients substantially lower. Booklet and samples sent to physicians writing on their prescription blanks or letterheads.

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NUMONT FUL-VUE IN *Loxit* . .

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There is still room for beauty in the world, and it's fortunate that the world's strongest rimless is, we believe, the world's most attractive. Numont Ful-Vue in Loxit★ features modern molded rivet construction for strength and durability. Your prescription can be mounted in any of a variety of bridge styles in our shops.

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TWENTY-FIVE YEARS AGO

(Continued from Page 34)

was written as an answer to the "misinformation disseminated broadcast by the various antivivisection societies and others who are not thoroughly informed on the subject," and took up the subject briefly from the standpoint of physiology, pathology, bacteriology, and medicine. The report advised strongly against the passage of the so-called regulatory laws, such as those in force in England.

Pulmonary tuberculosis and mitral stenosis are generally believed to be antagonistic, the one to the other. Certainly, coexistence of the two conditions is rare. A case, with autopsy, is reported in the issue for September of the *Rocky Mountain Medical Journal.*

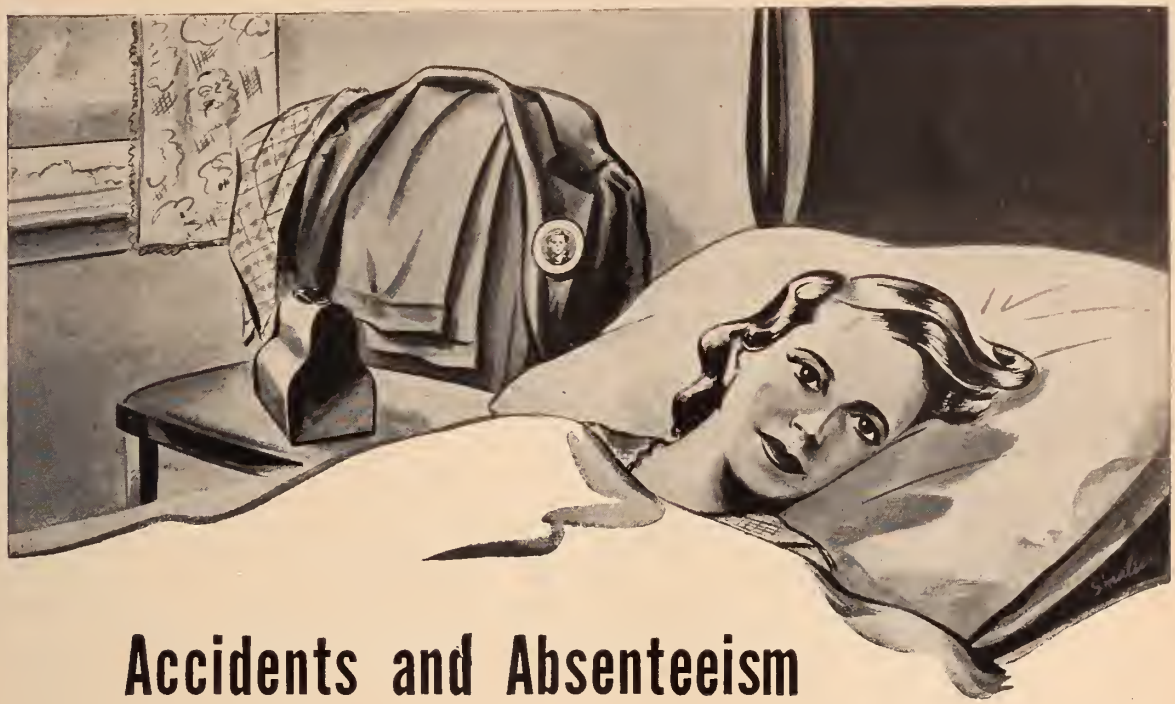
BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 88)

following graduation exercises yesterday. The school, in existence for twenty-five years, had been at the Market Street address for the past four years. The College building will be taken over by the Sierra States University, a chiropractic school, it was announced by Dr. Harold Cross, student body president. Dr. Henry K. Huppert, president, and a former lieutenant commander in the U. S. Navy Reserve, gave the final address." (San Francisco *News,* December 30, 1943.)

"The subcommittee on tropical diseases of the National Research Council warned civilian physicians today to guard against tropical and subtropical diseases which may be

(Continued on Page 38)



Accidents and Absenteeism

ACCIDENTS contribute to absenteeism. In women — particularly the conscientious middle-aged who try to stay on the job—the nervous symptoms associated with the menopause may directly affect their efficiency, and contribute to accidents of one kind or another.

For women in the menopause who require estrogenic therapy, the Squibb Laboratories supply *natural* estrogenic substance, Amniotin in Oil, and the *synthetic* estrogen, Diethylstilbestrol.

Physicians who prefer natural estrogens will find the vial packages of Amniotin in Oil very practical and economical. The three potencies which are available (20,000, 10,000 and 2,000 I.U. per cc.) offer a range suited to various patients. The vaccine-type cap permits the withdrawal of a dose of just the size to meet the patient's needs.

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(Continued from Page 36)

brought into the country by returning members of the armed forces. In a statement published in *The Journal of the American Medical Association*, approved by the surgeons general of the Army, Navy, and public health service, the subcommittee advised local doctors to study symptoms of diseases likely to be brought back by service men, to facilitate rapid diagnosis." (Oakland *Post-Enquirer*, December 16, 1943.)

"Governor Warren has asked the newly appointed State Board of Chiropractic Examiners to take steps to revoke the licenses of persons unlawfully licensed to practice chiropractic. 'It is a fact,' Governor Warren said, 'that we have now in California a number of people who bought admissions to practice chiropractic for $100. These people are without skill, are dangerous to the public welfare and should not be permitted to continue.' Governor Warren also asked Board members to attempt to eliminate what he termed 'sensational and untrue' advertising by some chiropractors." (San Francisco *News*, January 5, 1944.)

"The San Francisco Superior Court has ruled the State Board of Medical Examiners acted illegally when it moved to revoke the license of Dr. Chester D. Sewall of Redding on a charge of performing two illegal operations. Judge Theresa Meikel issued the ruling on a mandamus action filed on behalf of Doctor Sewall shortly after the Medical Board on July 1, 1942, declared him guilty on two counts. Judge Meikel held a permanent writ would be issued restraining the Medical Board from proceeding further with the case. A preliminary writ was issued in November, 1942." (Sacramento *Bee*, January 3, 1944.)

(Continued on Page 40)

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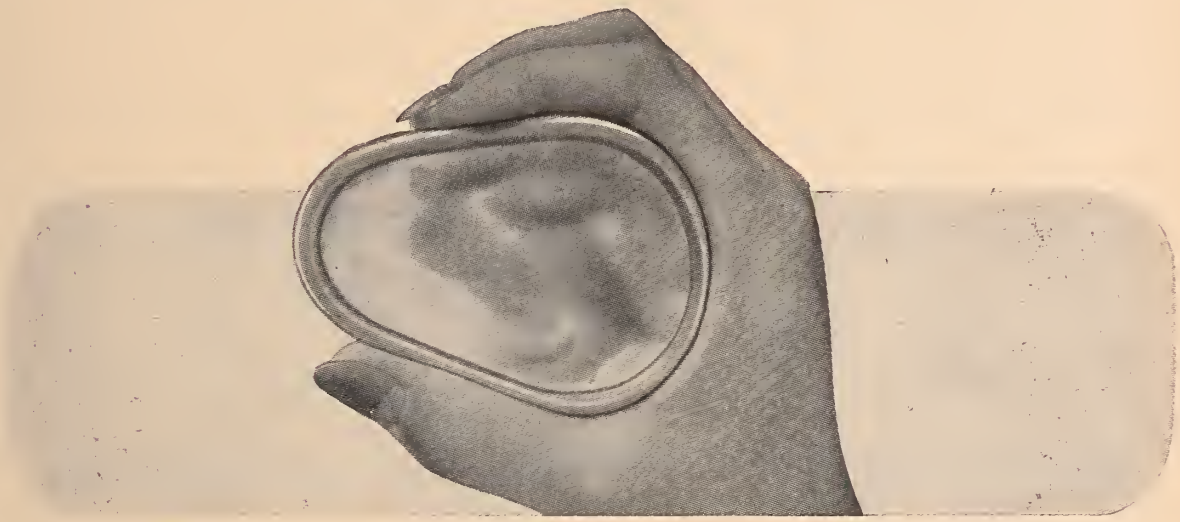
"Dr. Buron L. Corley of 690 Market Street, distributor of health products, was fined $450 yesterday in Federal district court by Federal Judge Louis E. Goodman on his plea of guilty to six counts of violating the Federal Food, Drug and Cosmetic Act. According to Assistant District Attorney Thomas C. Lynch, Corley is the author of a 99-page booklet, 'Diet and Health,' which the Food and Drug Administration branded as 'replete with misinformation.'" (San Francisco *Examiner,* December 1, 1943.)

"The County Grand Jury was called here today to investigate the case of Walter C. Hoyt, 62, of Gridley, charged with performing a criminal abortion, which resulted in the death of Mrs. Yvonne Hartman, 23, in a Chico hospital on November 9. Hoyt, whose license to practice medicine was revoked by the State Board of Medical Examiners several years ago, according to Joseph W. Williams, special agent for the Board, was summoned as one of the witnesses." (Sacramento *Bee,* December 10, 1943—Oroville Press dispatch.)

"Jose Manuel Gonzales Kukay, who advertised himself as 'Doctor Kay,' and guaranteed a thirty-day cure for alcoholism by the use of capsules 'and a little will power,' today was convicted of practicing medicine without a license." (Hollywood *Citizen-News,* December 29, 1943.)

(Continued on Page 42)

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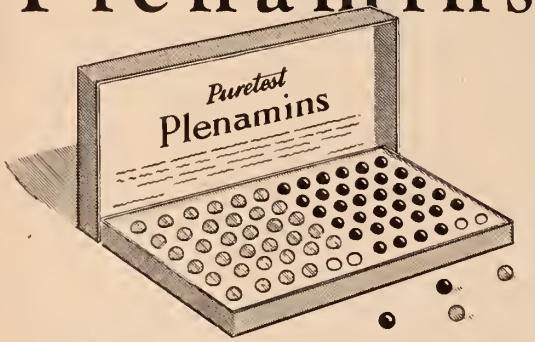
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Frederick N. Scatena, M. D., Secretary-Treasurer of the Board of Medical Examiners of the State of California, reports the results of the written examination held in Los Angeles, October 19 to 21, 1943. The examination for physicians and surgeons covered nine subjects and included ninety questions. An average of 75 per cent is required to pass. Eighty-one applicants wrote the examination.

The highest mark for physicians and surgeons (91-4/9) per cent) was made by Marion Cecil Barnard, Los Angeles, a graduate of the College of Medical Evangelists.

The following is a list of successful applicants:

NAME	SCHOOL
Ballou, William Wayne, *Sacramento*	Indiana U. Sch. of Med., '40
Barnard, Marion Cecil, *Los Angeles*	Coll. of Med. Evang., '44
Bartlett, Robert Ellington, *Fresno*	U. of So. Calif. Sch. of Med., '43
Bauman, Lucian, *San Francisco*	U. of Ill. Coll. of Med., '43
Beumer, Oliver Chester, *Oakland*	U. of Oklahoma Sch. of Med., '43
Browning, Ellis Vertner, *Los Angeles*	Coll. of Med. Evang., '44
Bucchianeri, Gino Joseph, *San Francisco*	Creighton U. Sch. of Med., Neb., '43
Burton, James William, *San Francisco*	Marquette U. Sch. of Med., Wis., '43
Chaparro, Luis, *San Francisco*	U. of El Salvador Fac. of Med., '30
Chinnock, Robert Fisher, *Los Angeles*	Coll. of Med. Evang., '44
Crockett, Joseph Turner, *San Francisco*	Rush Medical Coll., Ill., '42
Dunn, Russell Arthur, *Los Angeles*	Coll. of Med. Evang., '44

(Continued on Page 43)

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Emery, Frederic Barrett *San Francisco*	Rush Medical Coll., Ill., '42
Fenderson, Wayne Augustus *Los Angeles*	Coll. of Med. Evang., '44
Fenlon, Roberta Florence *San Francisco*	State U. of Iowa Coll. of Med., '42
Frudenfeld, Karl *Los Angeles*	U. of So. Calif. Sch. of Med., '43
Habegger, Marden Carl *Fresno*	Northwestern U. Med. Sch., Ill., '43
Hjelle, Lester Clement *Sacramento*	State U. of Iowa Coll. of Med., '43
Hoffman, Peter Louis *Los Angeles*	U. of So. Calif. Sch. of Med., '43
Jennings, Agnes Florence *San Francisco*	Creighton U. Sch. of Med., Neb., '43
Kassis, John Paul *Sacramento*	Marquette U. Sch. of Med., Wis., '43
Kingsbury, Kenneth Ralph *Sacramento*	State U. of Iowa Coll. of Med., '43
Kraus, Alvin R. *Los Angeles*	U. of Illinois Coll. of Med., '43
Kruse, Charles Atherton *Los Angeles*	U. of So. Calif. Sch. of Med., '43
Long, Albert Esthus *San Francisco*	U. of So. Calif. Sch. of Med., '43
Lowensohn, Robert Henry *Los Angeles*	Ohio State U. Coll. of Med., '43
Matt, Wayland Paul *Bakersfield*	Loyola U. Sch. of Med., Ill., '41
Mulford, Winthrop Fifield *Los Angeles*	Northwestern U. Med. Sch., Ill., '43
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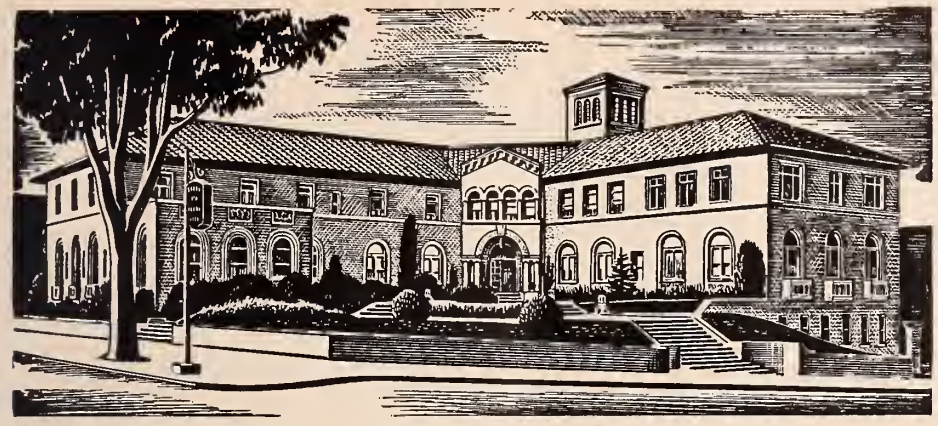


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Maurice Arthus' Philosophy of Scientific Investigation. Preface to de l'Anaphylaxie à l'Immunité, Paris, 1921. Translated from the French, with an Introduction by Henry E. Sigerist. Foreword by Warfield T. Longcope. Paper. Price, 75 cents. Pp. 26. Baltimore: The Johns Hopkins Press, 1943.

Oral Pathology. A Histological, Roentgenological, and Clinical Study of the Diseases of the Teeth, Jaws, and Mouth. By Kurt H. Thoma, D. M. D., Professor of Oral Surgery and Brackett Professor of Oral Pathology, Harvard University; Oral Surgeon and Chief of Dental Service, Massachusetts General Hospital; Oral Surgeon to Brooks Hospital; Dental Surgeon to Dental Department and Consultant in Oral Surgery to Tumor Department, Boston Dispensary and Joseph H. Pratt Diagnostic Clinic; Consulting Oral Surgeon, New England Baptist Hospital; Consulting Oral Surgeon, Beth Israel Hospital. Second Edition. Cloth. Price, $15. Pp. 1328, with 1388 Illustrations, including 128 in color. St. Louis: The C. V. Mosby Company, 1944.

Synopsis of Materia Medica, Toxicology, and Pharmacology. For Students and Practitioners of Medicine. By Forrest Ramon Davison, B. A., M. Sc., Ph. D., M. B., Formerly Assistant Professor of Pharmacology in the School of Medicine, University of Arkansas, Little Rock. Medical Department, The Upjohn Co., Kalamazoo, Michigan. Third Edition. Cloth. Price, $6.50. Pp. 759, with 40 illustrations, including four in color. St. Louis: The C. V. Mosby Company, 1944.

Synopsis of Obstetrics. By Jennings C. Litzenberg, B.Sc., M. D., F. A. C. S., Professor Emeritus of Obstetrics and Gynecology, University of Minnesota Medical School,

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BOOKS RECEIVED

(Continued from Page 7)

Minneapolis. Second Edition. Cloth. Price, $5. Pp. 405, with 157 illustrations, including five in color. St. Louis: The C. V. Mosby Company, 1943.

Psychosomatic Medicine. The Clinical Application of Psychopathology to General Medical Problems. By Edward Weiss, M. D., Professor of Clinical Medicine, Temple University Medical School, Philadelphia; and O. Spurgeon English, M. D., Professor of Psychiatry, Temple University Medical School, Philadelphia. Cloth. Pp. 687. Philadelphia and London: W. B. Saunders Company, 1943.

Essentials of Dermatology. By Norman Tobias, M. D., Senior Instructor in Dermatology, St. Louis University; Assistant Dermatologist, Firmin Desloge and St. Mary's Hospitals; Visiting Dermatologist, St. Louis City Sanitarium and Isolation Hospital; Fellow American Academy of Dermatology and Syphilology; Diplomate, American Board of Dermatology and Syphilology. Second Edition. Cloth. Price, $4.75. Pp. 497, with illustrations. Philadelphia, London, Montreal: J. B. Lippincott Company, 1944.

Handbook of Nutrition. A Symposium. Prepared Under the Auspices of the Council on Foods and Nutrition of the American Medical Association. Cloth. Pp. 585. Chicago: American Medical Association, 1943.

Strophanthin. Clinical and Experimental Experiences of the Past Twenty-Five Years. By Bruno Kisch, M. D. Formerly Professor on the Medical Faculty of Cologne University (Germany), Visiting Professor to the International University in Santander (Spain), Research Fellow at Yale University. Cloth. Price, $4. Pp. 158, with illustrations. New York City: Brooklyn Medical Press, 1944.

Safe Convoy. The Expectant Mother's Handbook. By William J. Carrington, A. B., M. D., F. A. C. S., Attending

(Continued on Page 14)



Healers on the heights

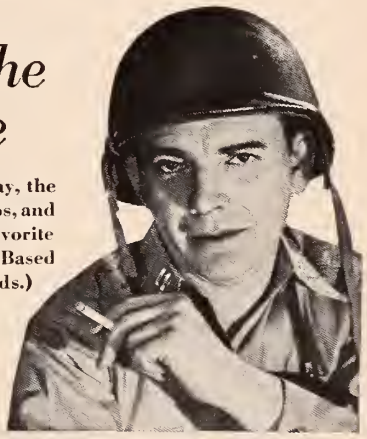
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New reprint available on cigarette research — Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.

CLASSIFIED ADVERTISEMENTS

Rates for these insertions are $4 for fifty words or less; additional words 5 cents each

Copy for classified advertisements should be received not later than the fifteenth of the month preceding issue.

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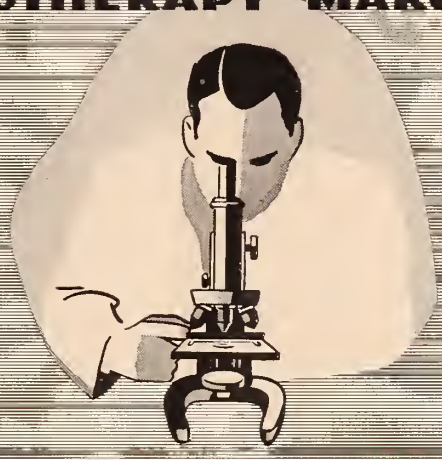
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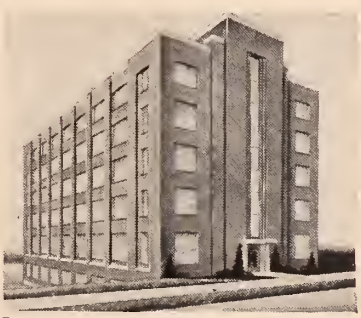
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SEARCH FOR BACTERIOSTATIC AGENTS active in man, but not harmful to him, has proceeded for thousands of years. With the discovery of the sulfonamides the first breach was made in what seemed to be an impenetrable wall across the path of scientific advance. The immense scientific interest in this subject stimulated investigation of other bacteriostatic agents. Old data were re-examined in the light of new developments with at least one outstanding result—*Penicillin.*

In 1929 Fleming[1] was led to publish observations arising from a troublesome phenomenon occurring in plate cultures—contamination with molds. He found that a *Penicillium* mold produced a powerful anti-bacterial substance and suggested that this material might be used for the treatment of infections in man. Not until 1940 however did Chain, Florey[2] and their associates re-examine the prior work of Fleming, confirm his original observations and describe isolation of the active principle—*Penicillin.*

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This entire building at our Peorl River laboratories is devoted exclusively to the manufacture of Penicillin

REFERENCES: [1]FLEMING, A.: Brit. J. Exper. Poth. 10: 226 (June) 1929.
[2]CHAIN, E.; FLOREY, H. W.; GARDNER, A. D.; JENNINGS, M. A.; ORR-EWING, J., and SANDERS, A. G.: Lancet 2: 226 (Aug. 24) 1940.

LEDERLE LABORATORIES A UNIT OF AMERICAN CYANAMID COMPANY INC.

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Recent Advances in Medicine, 11th Edition

By G. E. Beaumont and E. C. Dodds, London

In this edition the sulphonamide and vitamin chapters have been expanded and a special article on Penicillin has been written. Important additions have been made to the chapters on kidneys, blood and sex hormones. A number of new articles and 2 new illustrations are included.

43 illustrations . . . 412 pages . . . $5.50 (1943)

Practice of Refraction, 4th Edition

By Sir Stewart Duke-Elder (London)

This book presents all that is necessary for the clinical practice of refraction, without burdening the reader with innumerable mathematical proofs.

183 illustrations . . . 328 pages . . . $4.50 (1943)

Hughes' Practice of Medicine, 16th Edition

Revised and Edited by Burgess Gordon, Jefferson Medical College

This book presents a convenient grouping of essential facts under each disease, giving the latest information. Articles on the sulphonamide drugs, modern war gases, and latest methods of treatment are included.

36 illustrations . . . 791 pages . . . $5.75 (1942)

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BOOKS RECEIVED

(Continued from Page 10)

Gynecologist, Atlantic City Hospital, Atlantic County Hospital for Nervous and Mental Diseases, Pine Rest Hospital, Atlantic City Municipal Hospital and Atlantic Shores Hospital; Diplomate American Board of Obstetrics and Gynecology; Former Vice-President American Medical Association. C'oth. Price, $2.50. Pp: 256. Philadelphia, New York: J. B. Lippincott Company, 1944.

The "Basic Seven."—The seven essential food groups that supply us with the necessary vitamins, minerals, proteins, fats, and carbohydrates, are as follows: (1) Yellow and green vegetables; (2) oranges, tomatoes, grapefruit, raw cabbage; (3) salad greens, potatoes, other vegetables and fruits; (4) milk and milk products; (5) meat, poultry, fish, eggs; (6) bread, flour, cereals; (7) butter or fortified margarine. To keep healthy all of us have to make up our daily diet from these seven vital food groups.

TWENTY-FIVE YEARS AGO

(Continued from Text Page 128)

All days should be health days, but we must have one to start with, and this first Health Day will bear fruit a hundredfold; and with proper cultivation three hundred and sixty-fivefold, thus rounding out the lengthening years of robust health. . . .

Vicious Legislation.—At the beginning of the recess of the California State Legislature there were pending a total of 45 bills affecting public health, 7 concerned with pharmacy, 4 concerned with dentistry, 2 concerned with embalming, 1 concerned with the regulation of barbers, and 10 dealing with the practice of medicine. This last group of ten is brought to your particular attention now. . . .

You, as physicians, represent the intelligent, educated, trained leadership of the State. This position in which

(Continued on Page 18)



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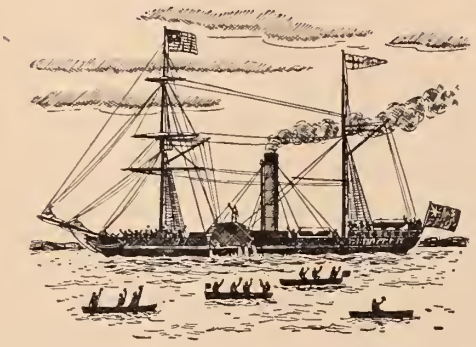
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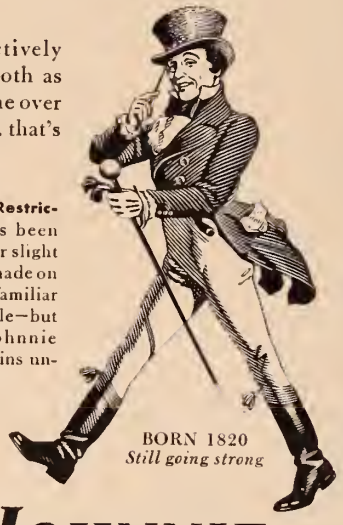


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IMPROVES CIRCULATION of the blood through the breasts, lessening the chance of the formation of non-malignant nodules, and improving tone.

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TWENTY-FIVE YEARS AGO

(Continued from Page 14)

you are makes it absolutely necessary for you to exercise the leadership which by right is yours. You, together and singly, are directly responsible for social welfare and civic improvement in all things pertaining to public health. . . .

State Psychopathic Hospital.—A bill has been introduced into the Senate by Senator M. B. Harris of Fresno (Senate Bill No. 429), and into the Assembly by Assemblyman Bennett of Santa Clara (Assembly Bill No. 389), providing for the establishment, government, and maintenance of a State psychopathic hospital.

The purpose of this hospital, as stated in the bill, is the study of abnormal mental states, their nature, causes, results, treatment, and prevention; education regarding such abnormal mental states; the dissemination of knowledge in such matters; the care, observation and treatment within the wards of such hospital, out-patient department, or elsewhere in the State, of persons suffering from insanity and other abnormal mental states; the investigation in any part of the State into the primary or precipitating causes of insanity; to coöperate with local or State authorities and institutions in preventing abnormal mental states and aggravation thereof by unfavorable environment. . . .

The Los Angeles County Hospital.—In another column will be found a description of the Los Angeles County Hospital by its superintendent, Norman R. Martin. It is an institution of which the medical profession and other citizens of Los Angeles County may well be proud. . . .

EXCERPTS FROM ORIGINAL AND OTHER ARTICLES

From an Article on "Electricity Applied in Gynecology," by Olga McNeile, M. D., Los Angeles.—Electricity, like

(Continued in Back Advertising Section on Page 26)

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Is beer-drinking beneficial to the men of our Armed forces?

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Parke, Davis & Company, Detroit, Michigan

ut so far I have learned of no other e suggestion which provides the neces- ety valve which such an arrangement would give. It would be tragic if a lot ll business concerns were wrecked and orkers thrown into idleness because of nability to cut through the red tape ed in getting their claims settled.

RESPONSIBILITIES OF CONTRACTORS

e making these statements with re- o action by the Federal authorities, I ize, also, that business concerns which war contracts have a responsibility on part to facilitate speedy settlement of ated war contracts. They have the re- bility for preparing their claims ac- y and speedily and presenting them per form. Some progress has been toward getting a recognition of the at industry must play in this respect, rrently more and more experience of ort is now being gained. The con- g services of the Government, I know, very helpful attitude toward this sit- , and the local office of W. P. B. has shed a regional advisory service for war faced with problems resulting from termination. That is a very helpful ment.

ation to make possible the prompt nt of terminated war contracts is now. It will be unsafe to wait until a deluge of contract terminations to hrough legislation on short notice. roblem is too complicated to be dealt ffectively in that way.

ATERIALS FOR CIVILIAN PRODUCTION

ddition to making provision for the ent of terminated war contracts, there the task of facilitating the flow of ials for civilian production as soon as materials can be spared from war pur- I hope that we shall not have unem- ent here in Massachusetts because d materials, which are physically in ex- e in the United States, are unavailable by manufacturers as a result of leg- or administrative restrictions. The legislation vesting the priority power President, which power of the Presi- delegated to the Chairman of the War on Board, is probably adequate to the flow of materials, but it may be ry for the Congress to make sure that ministration of the priority power by ar Production Board is directed effec- toward the speedy and smooth resump- f civilian production. The War Pro- n Board should be expected to elim- s limitation orders, its conservation and its allocation systems just as s the needs of the war program per-

use of their effects on plans for re- yment, I foresee that these problems tling canceled contracts and securing pplies of raw materials for civilian pro- n will presently be matters of wide- concern here in Massachusetts.

ummarize, my specific recommenda- re that legislation should be enacted r the following points:

EMENT OF TERMINATED WAR CONTRACTS

terminated contracts should be set- egotiation by the contracting agen- he Government, and the negotiated nt should be final in the absence or misrepresentation.

mpt partial payments amounting to large percentage of the claim should d to each contractor upon submittal fied statement of the claim, subject, , to a pensity for perjury.

al settlement committees should be red to authorize partial payments delay of over 30 days occurs on the the Government agency.

4. Contracting agencies should be required to give prompt clearance of claims on work in process. There should be clear-cut procedures for authorizing the removal of Government-owned inventories and machines, with storage at Government expense, in order that civilian production may be started.

5. The dilemma of the subcontractors must be resolved. At the present time the Government exercises the right of approving all payments in settlement of subcontracts but does not assume any responsibility to the subcontractor, with the result that the subcontractor in many cases cannot secure action by either the prime contractor or the contracting agency. I suggest that the local settlement committees proposed above should be empowered to approve settlement of subcontracts if a delay occurs in approval by the contracting agency.

B. DECONTROL OF MATERIALS

1. As soon as war conditions permit, the rules for the release of scarce raw materials should be revised, with a view to facilitating the rapid resumption of civilian production.

A Magnificent Job

EXTENSION OF REMARKS
OF
HON. LOUIS LUDLOW
OF INDIANA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, January 11, 1944

Mr. LUDLOW. Mr. Speaker, Indianapolis and Indiana are very proud of the great pharmaceutical house of Eli Lilly & Co., which has processed its millionth blood donation without a cent of profit. This record is in keeping with the fine, generous spirit which this firm always has manifested in the service of our country and which long ago brought to it the recognition of an Army-Navy E award. Commenting on the company's contribution to the blood campaign, which means so much in saving the lives of our precious boys, the Indianapolis News says editorially:

LILLY'S CONTRIBUTION

In the midst of charges that some concerns are making an unholy profit from war contracts it is heartening to learn that the Indianapolis laboratories of Eli Lilly & Co. have processed 1,000,000 blood donations entirely on a nonprofit basis.

In addition to performing this service at cost, the expense involved has been decreased constantly through the introduction of more efficient methods.

There certainly could have been nothing unethical if the Indianapolis pharmaceutical house had sought a minimum profit for the work it has been doing.

Donations of blood at Atlanta, Chicago, St. Louis, Detroit, Cincinnati, Louisville, Columbus and Indianapolis have been converted into live-saving plasma at the Lilly plant, involving the installation of new equipment and the employment of much additional skilled personnel.

The patriotic Americans who donated this blood, however, got nothing for their contributions and the Lilly Co. determined that its connection wiht the effort to strengthen the wounded on every fighting front should be entirely shorn of private gain. From beginning to end, it has been and is—a magnificent job.

The Gates Must Not Be Closed

EXTENSION OF REMARKS
OF
HON. SAMUEL DICKSTEIN
OF NEW YORK
IN THE HOUSE OF REPRESENTAT
Tuesday, January 11, 1944

Mr. DICKSTEIN. Mr. Speaker, leave to extend my remarks in the ORD, I include the following editorial the Daily Mirror of January 4, 194

THE GATES MUST NOT BE CLOSE

When Congress reconvenes on Janu it should take up the Gillette-Taft-Bal Rogers resolution.

This resolution calls for the format a Presidential commission to create m ery, in conjunction with the Unite tions, to rescue the millions of Jew are now being systematically exterm by the Nazis and their Quislings.

When the Presidential commission g work, one of the first things it should to seek the abrogation of the Cham "White Paper" of May 1939.

At present, Palestine is being admin by Great Britain in conformity with t icy embodied in the "White Paper," tue of which Jewish immigration int tine is now limited and is to be pr stopped after March 31, 1944. The to be reduced to a permanent min 33 percent in the country and the land to Jews is to be practically pro

A DIRECT REPUDIATION

This is a direct repudiation on En part of the League of Nations Manda the Balfour Declaration incorporated mandate of 1917.

According to this declaration, Palest to become a national Jewish home un protectorate of England.

In 1939, after the Jews had created ern civilization in what was practic Arabian desert, England turned h on her solemn promise of 1917.

This perfidity of Britain toward t was denounced by no one more vig than by Winston Churchill in Parlian the debate on the "White Paper" when he said:

MR. CHURCHILL'S REGRET

"As one intimately and responsib cerned in the earlier stages of our P policy, I could not stand by and see engagements into which Britain has before the world set aside for reason ministrative convenience or for the quiet life. I should feel personally rassed in the most acute manner b myself by silence or inaction to wha regard as an act of repudiation.

"I regret very much that the pledg Balfour Declaration, endorsed as it h by successive governments, and the tions under which we obtained the m have both been violated by the Gover proposal.

"I select one point upon which plainly a breach and repudiation of four Declaration—the provision tha immigration can be stopped in 5 ye by the decision of an Arab majority. a plain breach of a solemn obligation

As the Palestine Mandate was ord the League of Nations, it cannot b gated even by Great Britain herself the consent of the League.

A SOLEMN OBLIGATION

But the Lesgue did not give its cons the 1939 abrogation.

CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

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EDITOR GEORGE H. KRESS

Editorial Board

Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C. M. A. department, see index below.)

Committee on Publications

F. Burton Jones	Vallejo	1944
Francis E. Toomey	San Diego	1945
George W. Walker (Chairman)	Fresno	1946
Secretary-Editor	ex officio	

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Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

SEVENTY-THIRD ANNUAL SESSION—IN LOS ANGELES, SUNDAY-MONDAY, MAY 7–8, 1944

A Two-Day Streamlined Session.—Wartime conditions explain the reasons for holding a two- instead of the usual four-day annual session, and why it has been found necessary to meet in Los Angeles for two successive years. Originally, it was planned to convene in San Francisco, but the hotel facilities of former days no longer exist in the northern city, since it has now become the major port of embarkation for military and supply outfits going out into the Pacific war zone.

The plan for this year's session conforms to the general program so well carried out last year: on Sunday morning, a first general or organization meeting, with addresses by President Karl L. Schaupp and Guest Speaker Alice Hamilton, Professor of Industrial Medicine at Harvard Medical School; on Sunday afternoon, a general meeting, in which a symposium on amputations will be presented by military colleagues from the U. S. Naval Hospital at Mare Island; on Monday morning, the third general meeting, with emphasis on topics concerned with internal medicine; and on Monday afternoon, the programs of the thirteen scientific sections: Anesthesiology; Dermatology and Syphilology; Eye, Ear, Nose, and Throat; General Medicine; General Surgery; Industrial Medicine and Surgery; Neuropsychiatry; Obstetrics and Gynecology; Pathology and Bacteriology; Pediatrics; Public Health; Radiology; and Urology.

* * *

Dinner to the President, and the Scientific Meetings.—The Dinner to the President will be held on Sunday evening, May 7, in the Biltmore Bowl. Last year the attendance at the dinner was in excess of nine hundred persons. Because of food-rationing restrictions, those who are contemplating being present at the dinner and entertainment will be obliged to make their reservations in ample time. The local Committee on Arrangements, Dr. Lewis Alesen, Chairman, will issue information thereon in due course. Be governed accordingly.

The scientific programs that have been put into form by the California Medical Association Committee on Scientific Work—Dr. George H. Kress,

Chairman, in coöperation with the Section officers—are of a nature to amply repay attendance. The list of speakers and authors, with abstracts of the topics to be presented and discussed, will appear in the April issue of California and Western Medicine.

* * *

House of Delegates Will Have Important Work.—The House of Delegates will meet on Sunday, and again on Monday. This year, problems of unusual importance will come before the House for consideration and possible solution. Every delegate is under heavy responsibility to attend the meetings and be a party to the decisions that must be rendered on certain matters having a direct bearing on medical practice not only in California, but possibly in other States of the Union.

County societies and delegates are reminded that resolutions in contemplation for submittal to the House must be in typewritten, triplicate form. This is a small item, in one sense, but on important issues may become one of major importance to the members of Reference Committees, as regards both conservation of their time, and a clear understanding of the issues presented.

* * *

Transportation Reservations.—Because of demands upon the transportation facilities in California, incident to the large amount of military travel that has priority rights, members will find it difficult to secure train and airship accommodations as satisfactory as those of the past. All who have in mind to attend, therefore, should place their requests for travel facilities with their local agents at the earliest available dates.

* * *

Hotel Accommodations.—Today, the Biltmore of Los Angeles is the only California hotel in position to provide meeting places for the sixteen groups, all of which on Monday afternoon are in session (House of Delegates, Council, thirteen scientific sections, and Woman's Auxiliary).

It should be understood by members that the regular and transient facilities of the Hotel Biltmore are daily taxed to the utmost. Physicians who plan to attend, and who are not resident in Los Angeles, will be called upon, therefore, to share their rooms with colleagues. In other words, a willingness to have two in a room will offer a far better chance for a reservation than a request for a single room. Members should arrange accordingly, preferably with mutual friends, and as far in advance as possible.

In spite of such rationing handicaps, it is believed that the 1944 session will measure up to the successful meetings of former years. The Los Angeles County Medical Association will be the official host, and its members extend a cordial invitation to all who can arrange their schedules to attend the seventy-third annual session of the California Medical Association.

ON FEDERAL LEGISLATION: WAGNER BILL (S. 1161); CHILDREN'S BUREAU MATERNITY-PEDIATRIC PROGRAM; AGRICULTURAL WORKERS' HEALTH AND MEDICAL ASSOCIATION

Need of Continued Reference to Proposed Laws.—Recent issues of California and Western Medicine have carried many articles dealing with the three activities named in the above major caption. Attention is again directed to these, because many physicians—necessarily very busy today in civilian practice, due to the absence of hundreds of colleagues in military service—seemingly have little time or inclination to keep themselves abreast of legislative trends that may radically change the system of medical practice under which they are working. If too large a number of doctors remain indifferent to certain changes of thought, now amply evident among both lay citizens and legislators, the profession may find itself confronted, in the not distant future, with a rude awakening!

* * *

Who Are the Proponents of Antagonistic Laws?—The attacks against standards of medical practice now in operation—against procedures that have justified themselves through years of experience and results—come not primarily from within the profession, but from nonprofessional groups outside; and it is important that the extent and quality of this opposition be appreciated. The menace from these reformer-antagonists is due in part to this: that while some of them are obsessed with the holiness of their self-exploited crusade to revamp medical practice, others among them have keen brains and also governmental, foundation, or other resources permitting them to carry on their propaganda in successful manner in the press, over the radio, and on lecture platforms.

If these manifestations of antagonism to the medical profession and practice were something altogether new or very recent, the activities need be watched with only casual interest by physicians. Unfortunately, the antagonistic movement has acquired considerable stability and momentum, and, in places, wide acceptance. Many physicians are still reluctant to acknowledge the seriousness of what has been and is taking place regarding the reaction of the public and its skepticism toward the existing system of medical practice, or to note the willingness of citizens to accept the glowing vistas of prospective set-ups of medical care put forth by the proponents of the new order, and which are claimed would be a desirable substitute for the system of free enterprise in medicine that has been such a potent influence in giving our country the best public health record of any civilized nation.

Many officers of constituent state medical associations and component county societies are quite alert to these changes of thinking on the part of hundreds of thousands of lay citizens, and appreciate the impending perils to scientific medicine and the public health, but the same cannot be stated as regards the majority of physicians who are engaged in civilian practice.

Physicians Must Discard Their Apathetic Attitude.—Today, with their large amount of extra work and income, physicians are showing less interest in these important problems in medical practice than would be the case in less prosperous, or depression periods. From accounts that trickle in, it would appear that military colleagues in hospital stations of camps located in the United States are discussing these revolutionary proposals concerning adequate medical care with much more interest and discernment than are their civilian colleagues; upon whom, by the way, they must rely to protect their interests while they are in the Army or Navy. Civilian physicians must not let these military colleagues down!

* * *

Regimented and Socialized Medicine Means Medicine of Poorer Quality.—Until physicians generally begin to sense the seriousness of the menace to the *quality* of medical service—and the *quality* of service is certain to be depreciated in most communities if the regimented procedures that are a part of the plans of nonprofessional reformers are brought to fruition—the medical press cannot do other than emphasize repeatedly the significance and implications of certain proposed legislation that is already under serious consideration by many State and National legislators.

To put it otherwise, within ourselves, we must carry on a campaign of education that will promote all that is good in our present system of medical practice, so that we may be in better position to counteract or offset the propaganda efforts put forth by our antagonists. Not only should we aspire to measure up to good standards as individual physicians, but, collectively, we should be equally ambitious to do all within our power to battle for those procedures that experience has shown will best conserve the public health.

* * *

Application of the Above to the Wagner Bill (S. 1161); Children's Bureau Maternity-Pediatric Program; and Agricultural Workers' Health and Medical Association.—With the above thoughts as a foreword, comment may now be briefly made on the three legislative items to which considerable space has been given in recent issues of the Official Journal.

* * *

I. Wagner-Murray-Dingell Bill (S. 1161; H. R. 2861)

It is heartening to be able to express the opinion that concerning the much discussed S. 1161, sponsored by Senators Wagner and Murray, and its companion measure, H. R. 2861, introduced by Congressman Dingell, present information indicates that it will not go on to passage *during the present session* of the U. S. Congress. However, the agitation for its passage, nevertheless, will surely be carried on more vigorously than ever by its proponents and endorsers. Members of the profession who are inclined to believe that the menace of the Wagner-Murray-Dingell bill, or a substitute measure, is being overemphasized or exaggerated, should remember that any proposed legislation that has the active endorsement of organized labor—of A. F. of L. and C. I. O.—has support that represents a large number of voters, and cannot lightly be brushed aside. For, today, organized labor exerts all possible influence to induce members of Congress to favor measures sponsored by its leaders. And S. 1161 is a proposed law that already has received the approval of organized labor.

In order to emphasize this fact, in this issue of California and Western Medicine, in the department of the California Medical Association Committee on Public Policy and Legislation, considerable space is given to *articles in favor of S. 1161, taken from labor publications in California.* Physicians, therefore, who wish to orient themselves concerning the arguments advanced by supporters of the Wagner-Murray-Dingell bill should scan these articles which appear on page 112.

No apology is made for thus stating the reasons of those who are opposed to the medical profession on these issues. For, if we would know how best to meet the arguments of the opposition, as these will be presented to the jury—in this instance, to the voters of the Nation—we should learn, in advance if possible, what the proponents of the legislation are thinking and saying, that thus we may acquaint ourselves with both the merits and demerits of their contentions. To many members of the Association, the perusal of the statements favorable to S. 1161 should be thought-stimulating. It will be worth while to scan the items!

* * *

II. E. M. I. C.-Maternity-Pediatric Program of the Federal Children's Bureau

The Council of the California Medical Association has made no changes in the policy it has outlined in the past concerning E. M. I. C. (Emergency Maternity Infant Care). Physicians are giving indicated maternity and pediatric service to the wives and infants of enlisted men, according to their best individual or collective judgment, all operating through the constituted authorities—which, in California, are the State Board of Public Health and the local health officials.

In the next issue of California and Western Medicine will appear a report from the Bureau of Child Welfare of the State Board of Health, sent to us at our request, that will give interesting information on the official experience to date. Because of lack of space, it is here omitted.

In last month's issue, mention was made of the estimated administrative expense—some $85,000—which the treasury of California has been called upon to expend in carrying on the E. M. I. C. program. The information first furnished us and printed may have given an erroneous impression, since, while the financial needs are met from the California treasury, most of the funds so used are grants-in-aid from Federal sources.

The California Medical Association Council has authorized an Association member to go on to

Washington to appear and state our case before the subcommittee of Congress when the next deficiency bill comes up for consideration. If such a visit is made, the results will be announced later.

* * *

III. Agricultural Workers' Health and Medical Association

The efforts made by California Medical Association President Schaupp, to have proposed legislation dealing with the health and medical care of needy agricultural workers of the migratory group amended to conserve health standards and procedures, have been outlined in previous issues of the OFFICIAL JOURNAL. It is gratifying to be able to report that excellent support to our Association's requests was given by Senators Johnson and Downey, and all the Congressmen from California, when they were asked to aid in maintaining the good health work that had been inaugurated.

From Congressman Clarence F. Lea has been received a copy of Public Law 229 (H. J. 208), signed by President Roosevelt on February 14, in which most of the safeguarding provisions advocated for our Association by Doctor Schaupp's Special Committee have been incorporated.

The experience with this measure revealed the willingness of our national legislative representatives to coöperate with us, once the merits of our contentions had been properly explained; showing again the need and value of proper mutual understanding, if legislative objectives are to be realized.

EDITORIAL COMMENT†

"BLOCKADE" SCURVY

A new theory of vitamin deficiency of wide clinical implication is suggested by Woolley and his co-workers[1] of the Rockefeller Institute, the production of a scurvy-like condition in adequately fed mice due to "blockade" by a chemical homolog of ascorbic acid. Of even greater interest is their demonstration that various natural foods contain a specific antidote for this "blockade" scurvy.

Inhibition of the action of certain vitamins by closely related homologs was first demonstrated by Woods[2] and McIlwain[3] of Middlesex Hospital, London. They found that certain compounds closely related to growth-promoting water-soluble vitamins are bacteriostatic, due presumably to a nonreversible chemical union with vitamin-receptors of the bacterial cells. Woolley and his colleagues found an apparently similar blockade effect in mice and rats on oral administration of a homolog of ascorbic acid. This homolog, "gluco-ascorbic acid," bears the same structural relationship to glucose that ascorbic acid does to xylose.

When 5 per cent of this homolog is added to a fully adequate, highly purified basic diet, growth is inhibited in both cotton rats and mice, followed by diarrhea, rapid loss of weight, and subcutaneous hemorrhages, death usually occurring within three weeks. These are the characteristic symptoms of lethal ascorbic acid deficiency in animal species incapable of synthesizing vitamin C. Oral administration of the homolog, therefore, apparently leads to a complete suppression of ascorbic acid metabolism. Oral or subcutaneous administration of ascorbic acid would not prevent or cure the scurvy-like syndrome.

Woolley's most important findings, however, resulted from his attempts to reproduce the same scurvy-like condition in rats and mice fed a mixture of natural foods instead of the highly purified basic diet of their earlier experiments. Even when as much as 10 per cent gluco-ascorbic acid was added to their stock mixture of yellow corn meal, milk powder, casein, linseed oil meal, alfalfa leaf meal, bone ash and sodium chloride, no scurvy-like conditions developed, the only effect being a slight diminution in growth rate. From this they concluded that there is something in natural foods that antagonizes the toxic action or blockading effect of gluco-ascorbic acid.

Various plant materials were assayed for this antidote by adding them to the purified basal ration plus 5 per cent gluco-ascorbic acid. Dehydrated young grass ("cerophyl") was found to be the plant material of highest prophylactic or therapeutic value. Fresh cabbage was but slightly less effective. The curative factor in these foods is not destroyed by cooking.

The suggested theory of homolog blockade of essential vitamins and anti-blockade therapy is of wide clinical implications. Other explanations for the observed phenomena, however, are, of course, possible.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

REFERENCES

1. Woolley, D. W., and Krampitz, L. O.: Jour. Exp. Med., 78: 333 (Nov.), 1943.
2. Woods, D. D.: Brit. Jour. Exp. Path., 21: 74, 1940.
3. McIlwain, H.: Brit. Jour. Exp. Path., 21: 136, 1940.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

MEDICAL EPONYM

Wintrich's Phenomenon

This is described by M. Anton Wintrich (1812-1882) in the section "Krankheiten der Respirationsorgane [Diseases of the Organs of Respiration]," in the first section of the fifth volume of Virchow's *Handbuch der speciellen Pathologie und Therapie* (Erlangen, 1854). A portion of the translation follows:

"The change in pitch of the tympanitic note over superficially situated cavities, connected via the bronchi with the trachea, larynx, mouth, and so forth, by a continuous column of air, is a very pretty phenomenon. If the patient closes his mouth or swallows, thus narrowing or closing the opening of the larynx by lowering the epiglottis, the tympanitic note immediately becomes fainter . . . and deeper, and vice versa [when he opens his mouth]."—R. W. B., in *New England Journal of Medicine.*

ORIGINAL ARTICLES

Scientific and General

THE PROGRESS OF SURGERY*

Oscar Ivanissevich, M. D.
Buenos Aires, Argentina

THE subject today has been the basis of most varied controversies. There are men who talk with enthusiasm of the extraordinary advances of surgery. At the same time there are others who constantly repeat that surgery does not progress at all.

In a general way, however, it can be said that every science and every art progresses constantly. Many years ago, with the discovery of microbes and the application of aseptic methods, surgery, then limited in its action to a narrow field, started rapidly to increase its possibilities. The surgeon of those days said, "Surgery is in its climax now," but in spite of this rather premature prediction surgery continued to progress with increased perfection, and thirty years later Lord Moynihan said: "Surgery has now achieved perfection. As a mechanical art it will not advance further." This was another mistake in prediction. Twenty years have since elapsed, and progress is evidenced daily in every aspect of our art. In fact, we are not trying to find fundamental new truths, but to improve the mechanism of surgery with the purpose in mind of making it more rational, more human, more useful.

As strange as it may seem, the progress of surgery consists today in a reduction of the number of surgical operations, in a limitation of the extent of surgical excisions, in the avoidance of mutilation as much as possible, and in the perfect reconstruction of the parts that have been lost.

TECHNICAL IMPROVEMENTS IN THE ART OF SURGERY

The whole progress of our art consists of technical improvements. There are not new ways. But as far as the extraordinary progress of chemical and biological therapeutics is concerned, surgery is openly defeated. Each day its field of action is limited more and more. It reduces the extent of the excisions; but it is still bloody and cruel. On the other hand, it does not, nor will it ever answer to the principle stating that therapeutics, to hold good, must be etiological and not symptomatic. On the whole, surgery deals not with causes, but with symptoms. This happens in tumors, gastroduodenal ulcers, lithiasis, varices, aneurysms, megaesophagus, megacolon, tuberculosis, etc. It excises a tumor, but does not try to find its causes and future evolution. It removes stones, but cannot stop their reproduction. It excises a kidney with stones, but cannot prevent a recurrence in the other kidney.

SOME PROBLEMS IN SURGERY

We have often repeated that surgery held the insurmountable dam of infection, rushed like a torrent and went out of its course when Pasteur and Lister opened the flood gates with their genius. Sixty years have elapsed and the torrent has not gone back to its course because of those who have forgotten biology and pretend to heal with surgical means, instead of using means more rational, less aggressive.

Why should we operate upon a goiter or hydatid cyst if prophylaxis prevents their formation? What is the use of applying the most perfect technique in tracheotomy for croup if antidiphtheric vaccination or serotherapy prevents the disease and its complications? How can we compare a painstaking, careful removal of tuberculous glands in the neck, with the roentgen-ray treatment which heals, leaving no scars? And much less so with the efficiency of prophylaxis which has astonishingly reduced the number of patients with "scrofula" or tuberculous cervical lymphadenitis? Of what use is the most wonderful splenectomy in pernicious anemia if this disease responds to liver extract therapy? I do not have to go on because all this is evident: surgery is gradually losing its field of application. Nowadays chemists, biologists, and physicians cure effectively, and without risks and pain.

In twenty-five years we have watched surgery lose importance. In 1940 we wrote down a list of fifty diseases which had been cured by physicians and thus taken out of the field of surgery. Today, 1943, the list has increased. The same is happening in all surgical specialties. The number of operations decreases by putting ourselves in contact with nature and understanding it. If it is possible to avoid an operation, we all wish to do so. There is no better thing than to consider ourselves in the patient's position. If I were the patient, would I accept an operation? This is a piercing question which touches our heart and provokes a definite answer. That is why we have truly said that surgery is a necessary evil.

MORE EFFICIENT SURGERY, BUT FIELD OF APPLICATION DECREASES

The field of surgical application decreases, but surgery increases in efficiency and in precision. The real improvements of our art refer to technique and organization matters. In the past twenty-five years we can only notice the following as transcendent: Bohler's technique for the treatment of fractures; Arce's technique, the preliminary pneumothorax for thoracic operations; Orr's method, as widely used by Trueta, and the Miller-Abbott intestinal tube for the diagnosis and treatment of intestinal obstruction. Apart from these techniques there is nothing original which may mean a creation or a real progress. There are a great number of small technical improvements and surgical treatments in which the surgeon takes advantage of the science and experience gathered by other surgeons. Among such surgical improvements, we cannot consider some surgeons' efforts on the central and peripheral nervous system. These surgeons are

* Address before the yearly meeting of the San Francisco Chapter of the Pan-American Medical Society, November 13, 1943.

The essayist holds the chair of surgery at the University of Buenos Aires, Argentina, and was recent exchange professor at Stanford University School of Medicine.

guided by a noble idea, but the results of their work have not been very satisfactory. We must not mistake experimental surgery with the actual progress of surgery. How is it possible to consider as progress the efforts to cure insanity with a prefrontal lobotomy? That is all right as a study in experimental psychopathology, but it does not mean improvement in surgery; it is only the application of common surgery to the study of another of the great mysteries. Instead we have to consider the improvements in diagnosis, in preoperative care, in anesthesia, in the mechanism of operative techniques, in blood and plasma transfusions, in the treatment of shock, in postoperative care. The organization which coördinates all these factors has decreased mortality and postoperative sufferings to a very great extent. Concerning this matter, we can appreciate a remarkable change between the results obtained nowadays and those obtained in 1920. General mortality has decreased by 20 per cent. In some hepatic diseases there is no longer danger of infection or hemorrhage.

ON SURGERY OF THE FUTURE

We believe that, in the future, cancer, gastroduodenal ulcers and some phases of tuberculosis will not be treated by means of surgical operations, but, for the time being, we have to apply this necessary and sublime evil—surgery—until more and conservative therapeutic methods may be discovered. Only, we have to operate with more safety, with more precision, with more speed, with more human sense. The surgical progress in the present war can be synthesized in the following words: *sulfa drugs, transfusion, and speed.*

Suppress pain and danger! The aim of present-day surgery is to reintegrate the organism to its anatomical and functional balance. This is why surgery must be practiced with a deep sense of humanity. The present war shows us how it becomes more and more conservative each day; and how even words point to that change. In fact, the trend nowadays is not to use any more words like "debridement" that mean mutilating surgery. We talk today of "cleansing" a wound: that means conservative surgery.

In the Latin manuscript, "Great Surgery," by Guy de Chauliac, 1461, there is a picture full of meaning. In the middle, a doctor, the central character, is standing, and at his right one of his vassals, the druggist, while at the left of the doctor, a secondary character, the surgeon, is kneeling on the floor. The surgeon, grouped with barbers and blood donors, occupied that humiliating position almost until Pasteur and Lister gave our art scientific basis. Little by little the surgeon got such an extraordinary significance that he outshone the medical doctor. We are still living in the last stages of that outshining. It is our duty to preserve that position and rank; but to achieve such an aim we must give students a complete medical training, and an idea of the present and future possibilities of surgery.

I have talked of the past and present. What do we hope to be able to do in the future? We hope to be able to make of surgery a rational, precise, almost exact art-science. It is impossible to anticipate a far-away future, but in the near future we must devote ourselves to study the transplantation of tissues and organs scientifically. There is nothing unattainable for the person who has faith and vocation. Only when the replacement of an affected kidney, of a lung or liver by others be possible, shall we have reached an ideal of our art and deserve the title of true surgeons.

Meanwhile, let us continue to study clinical problems every day. If the field of the applications of visceral surgery decreases, let us then concentrate all our strength in the surgery of trauma and the surgery of plastic repair. This is the right time for us to devote ourselves whole-heartedly to such surgery.

Plastic surgery causes not only many anxieties, but also many satisfactions. Do not let us forget that we are in the beginning of such surgery.

Instituto de Clinica Quirurgica, Paraguay 2150.

SOUTH SEA MALARIA IN CALIFORNIA*

Lt. Colonel Garnett Cheney

MEDICAL CORPS, ARMY OF THE UNITED STATES

Modesto

THE evacuation of soldier patients from the South Seas to the Pacific Coast has caused the introduction of foreign malaria plasmodia into California. During the past three months, fifty-nine patients so infected have been admitted to the Hammond General Hospital in Modesto, California. An analysis of these cases is important at this time, as many of them have relapsed repeatedly following treatment, and if they are not cured before discharge from the hospital the problem of dissemination of malaria throughout areas of the United States where anopheles mosquitoes are found will become a very serious one.

The cases investigated fell into two general groups. The first group consisted of those patients evacuated from overseas because of recurrent bouts of malaria, rendering them unfit for military service abroad. There were thirty-three soldiers with the primary diagnosis of malaria. They had been free from chills and fever at the time of arrival, but blood smears had demonstrated parasites in nine of them. The second group was composed of patients admitted to the hospital with some type of disability other than malaria and in whom chills and fever have occurred while under medical observation. There were twenty-six patients in this group. All but one gave a history of having had one or more bouts of chills and fever in the South Seas, and parasites were demonstrated in the blood in all but two instances.

* From the Medical Service of the Hammond General Hospital, Modesto.

Chairman's address. Read before the Section on General Medicine at the seventy-second annual session of the California Medical Association, Los Angeles, May 2-3, 1943.

The opinions and assertions contained herein are the private ones of the writer and are not to be used as official or reflecting the view of the army department or the army service at large.

WARD ARRANGEMENTS

A special malaria ward was set up the first of February, 1943, to receive patients with malaria infection and those suspected of infection. All patients with a primary diagnosis of malaria are admitted directly to this ward for observation and treatment if indicated. Any patients elsewhere in the hospital who develop unexplained chills and fever, or have a blood smear positive for plasmodia, are promptly transferred to this ward for diagnosis and therapy. All malarial patients are placed under mosquito bars during the period their blood smears are positive, but are allowed the freedom of the ward thereafter if they are free from fever.

The malaria ward has been completely screened against the entrance of mosquitoes and all screens are inspected daily for any defect that might permit their entrance. The ward is sprayed daily, at dusk, with an insecticide containing 0.3 per cent pyrethrin, care being taken to reach all corners where insects might be overlooked. Any mosquitoes found are sent to the laboratory for identification, since anopheles is known to occur in this area. The ward personnel receive special instruction in mosquito prevention and its relation to malarial infection. A sanitary engineer inspects the ward weekly.

ROUTINE PROCEDURES

A routine antimalarial treatment is instituted when asymptomatic blood positive patients are admitted, and the sick patients are treated as soon as the type of plasmodium is identified. Two patients were treated, without delay, on the basis of clinical symptoms alone since no parasites were found in their blood and they were critically ill. The combined QAP (quinine, atabrine, plasmoquin) therapy employed consisted of quinine sulphate 0.64 gram three times a day for two or three days, or until pyrexia was controlled, and then atabrine 0.1 gram three times a day, after meals, for five days. After two days without antimalarial therapy, plasmoquin 0.01 gram three times a day, after a meal, was given for two days. This terminated a course of treatment, and no further drug therapy was given.

Graphic charts recording the temperature and pulse and the number of chills were kept on each patient, and these correlated the day of illness with the type of therapy. Blood smears were examined twice weekly on all patients under treatment, and practically all were negative for plasmodia after the third day of treatment. Patients with a primary diagnosis of malaria, but without clinical or laboratory evidence of infection, were required to have three negative blood smears on alternate days, and a further blood smear examination forty minutes after the injection of 0.5 cubic centimeter of adrenalin, subcutaneously, before being released from the malaria ward. Thick and thin blood films were examined for parasites each time a blood study was made.

TYPES OBSERVED

The following types of plasmodia were encountered:

P. vivax	37
P. falciparum	3
P. malariæ	1
Mixed types: *P. vivax* and *P. falciparum*	3
Undetermined	15

Actually, *P. vivax* was present in a total of forty of forty-four cases, or 91 per cent, and *P. falciparum* in a total of six cases, or 13.6 per cent of those in which the type was determined. This was in accord with the well-known tendency of *P. vivax* infections to relapse much more persistently than those due to *P. falciparum*. All except two of the patients in whom the type of plasmodia was not determined were studied before arrival at Hammond General Hospital and failed to show evidence of plasmodial infection while under observation there. As a rule, large numbers of parasites were readily found in the blood of patients obviously infected.

The presence in the blood of the plasmodia of malaria after departure of a soldier from the South Sea area, where he had been treated, has been considered evidence of a parasitemic relapse. In the first group of thirty-three patients, nine had malarial parasites in the blood when they were first examined. Six of these, however, were free from clinical symptoms at the time the blood tests were originally made. Of the remaining twenty-four patients, ten subsequently relapsed while under observation and were treated again. Three of these again relapsed while still under observation. Actually, nineteen of thirty-three patients in this group, or 58 per cent, relapsed under observation in the malaria ward.

COMMENT

In the second group of twenty-six patients all were chronically infected and all were "successfully" treated, since they became smear-negative during the course of therapy. However, five patients in this group subsequently relapsed again in that clinical symptoms reappeared or plasmodia were again found in the blood, or both, while they were still in the hospital, and they were treated a second time. Of the fifty-nine patients admitted to the malaria ward with the diagnosis of malaria, forty-five, or 77 per cent, represented relapses, and eight of these ultimately relapsed again after a complete course of combined QAP treatment and had to be re-treated. Since nine patients of the forty-five are at this time following their first course of therapy at the Hammond General Hospital, and consequently have not yet had time to relapse, they must be subtracted from the original forty-five patients in calculating the percentage of cases which relapsed after receiving the combined QAP treatment. This would give an incidence of relapse of 25 per cent (8 of 36 cases). A few other patients have not yet been parasite-free after three to four weeks of therapy—the usual time required before recurrence may be expected. Consequently, the per cent of repeated relapses (reappearance of symptoms or of plasmodia in the blood) will undoubtedly be higher on final analysis.

The forty-five cases of malaria definitely identified at the Hammond General Hospital represented almost 10 per cent of the patients admitted from the South Sea area, but it must be remembered that this incidence is abnormally high because nineteen of the infected patients were evacuated to the United States primarily because of their infection. In a group of 253 patients from the South Sea area who were free from symptoms of malaria, blood smears for malaria parasites were negative in all but two instances, giving an incidence of infection of only 0.79 per cent. Further observation of this group of patients will probably show an increase in the incidence of plasmodia infection.

The majority of the patients received on the malaria ward had been repeatedly incapacitated for military duty by chills and fever before being evacuated from the South Seas. Several had had five to ten separate bouts of pyrexia, for which they had been treated before arrival in California. Many stated that they would frequently develop chills and fever while taking suppressive atabrine therapy.

These patients with malaria are a selected group in whom a lack of resistance to plasmodial infection had already been demonstrated overseas, and was often the cause of their return to this continent. Consequently, the high incidence of relapses in this group is not indicative of the incidence of relapses in South Sea malaria in general. Nevertheless, this small group of patients vividly demonstrates the difficulties of curing imported malaria in the United States by the mode of treatment outlined, and presents a problem as yet unsolved in the proper disposition of these patients. A more satisfactory result might have been obtained by using larger doses of atabrine over a long period of time.†

Medical Service, Hammond General Hospital.

FRACTURES OF THE TIBIAL CONDYLES*

William L. Weber
Los Angeles

In any discussion of fractures of the tibial condyles some attention should be given to the anatomy of the knee joint.

The knee joint is the largest and one of the strongest joints in the body—the latter fact shown by the rarity of knee-joint dislocations. The great strength and stability of the knee joint are not due to the conformation or unusual strength of the bony structures entering into the formation of the joint, but are due to the strength and multiplicity of the ligaments within and without the joint, and also to the muscle attachments about the joint. As a matter of fact, the upper expanded portion of the tibia overhangs the shaft on either side, and its lateral margins are poorly supported from below; consequently, the junction of the shaft, with the expanded cancellous tuberosities, is a point of definite weakness, and as a result fractures are fairly common.

Briefly, the structures stabilizing the knee joint are divided into the extra-articular and the intra-articular ligaments. The extra-articular ligaments are made up of the capsule, deficient at various points, but strengthened by special bands and by fibrous expansions from various tendons and muscles.

On the femur the capsule arises in front from just above the articular surfaces, fusing with the periosteum; on either side from the condyles as high as the level of the lateral tuberosities, and posteriorly is attached to the femur about one centimeter above the highest point reached by the articulating cartilage. Running anteriorly the capsule is attached to the edges of the patella just anterior to its articulating surface, and inferiorly is attached to the tibia all around its roughened circumference, a little below its top, and to the periphery of the semilunar cartilages.

Anteriorly, the ligamentum patellae run from the apex of the patella to the anterior tibial tuberosity, while on each side of the patella and the ligamentum patellae expansions from the vasti and fascia lata form well-defined and stabilizing structures, called the patellar collateral ligaments.

On either side of the joint the tibial and fibular collateral ligaments are well-defined and powerful structures, which limit side motions of the joint and serve as check ligaments to hyperextension. The external lateral ligament is especially well defined and splits the tendon of the biceps at its attachment to the head of the fibula.

Posteriorly, the capsule is reinforced by the oblique popliteal ligament (ligament of Winslow or posterior transverse ligament), which passes obliquely from the tendon of the semi-membranous across the joint, merging with the capsule and fibers from the external head of the gastrocnemius.

The intra-articular structures are the *cruciate ligaments*, the *medial* and *lateral menisci*, the *coronary ligaments* attaching the periphery of the menisci to the non-articular edge of the tibia, and the *transverse ligament* running between the anterior convex margins of the menisci. The crucial ligaments are the strongest ligaments of the knee joint, and limit forward and backward motion at the joint.

In recapitulation, we can understand what a truly important part the knee-joint ligaments play in not only tending to minimize displacement of tibial tuberosity fractures, but by their intimate attachment to the femur above and the tibia below, tend to hold the displaced tuberosity fractures in position after maximum reduction has been effected. Furthermore, by their firm attachment to the upper portion of the tibia it is believed that they also have a certain amount of moulding effect upon the newly-forming callus, provided that early active motion is started.

FRACTURE TYPES

Tibial condylar fractures may occur as a result of direct or indirect violence.

The indirect types occur by falling upon the feet with the leg in extension, or by forcible abduction

† Subsequent studies of blood atabrine concentrations tend to substantiate this statement.

* From the office of the Chief Surgeon of the medical department of the Pacific Electric Railway.
Read before the Section on Industrial Medicine and Surgery at the seventy-second annual session of the California Medical Association, Los Angeles, May 2–3, 1943.

or adduction at the knee with the leg fixed, resulting in fracture either of the lateral or medial tuberosity.

Fractures due to direct violence result from severe blows or crushing injuries in the region of the knee just below the joint. A common cause is the so-called "bumper fracture" usually due to a blow being delivered to the outer surface of the leg below the knee, driving the lateral tibial tuberosity forcibly against the lateral femoral condyle. All types of fractures may be noted, from uncomplicated simple linear fractures without displacement, to those with complete shearing off of one or both tuberosities, and depression and impaction of the separated fragment to a variable degree. In the more aggravated type of fracture it would seem that there must be some disruption of the important joint ligaments, especially the crucial and the collateral ligaments. We have seen cases in which the joint seemed to have been pulpified, with undue mobility in all directions, but which, to our utter amazement, healed with a good functioning joint.

In nearly all tuberosity fractures the joint surfaces are involved, with malalignment of the horizontal plane of the tibial plateau. Fortunately, however, in the great majority of cases, with adequate reduction, the persisting slight irregularity of the tibial articulating surfaces does not seem to seriously compromise a good functional result. Frequently, the fibula, just below the head, is broken, in conjunction with lateral tuberosity fracture, and usually, as a result, the downward and lateral displacement is more marked.

DIAGNOSIS

X-rays are the only means of making an exact diagnosis in these fractures, and determine in large measure the treatment to be given. The clinical symptoms are important, but only in so far as they indicate trauma of variable degree to a knee joint.

TREATMENT

Usually the knee joint is distended, sometimes markedly so, with bloody effusion, and it is good practice to aspirate the joint one or more times if the joint is tense. Following aspiration, the leg is placed upon a pillow in a slightly flexed position, with ice bags surrounding the knee joint. Long sand bags are placed on either side of the leg. Soft tissue injuries are appropriately treated, and with adequate sedation the patient will be comfortable until decision as to further treatment is made. Usually it is better to wait until the joint effusion and soft tissue injury subside before doing final reduction. Should the case be one of a linear fracture without separation and displacement of the tuberosity, nothing futher than simple immobilization upon pillows, protected by sand bags, is, in our experience, necessary. The patient, for a few days, should not be encouraged to move the joint, but just as soon as pain and spasm subside the patient should be instructed to extend and flex the leg a few degrees, short of causing pain. Under no circumstances should the leg be forcibly extended or flexed, since the ensuing pain and spasm will do harm.

By not immobilizing the knee, in the simple uncomplicated fracture, muscle tone is preserved, especially of the quadriceps extensor group, and the capsule and its collateral ligaments are not stiffened by the attendant disuse. Weight bearing is not permitted until the fracture lines are obliterated.

The fact that the fracture may involve the joint surface is in itself not an indication for immobilization in a cast or other form of apparatus, and certainly a cast with a walking heel should never be used in these cases. We must bear in mind that the capsule, with its collateral ligaments and the cruciate ligaments, tend to, and probably do retain the fractured surfaces in apposition.

Treatment of tibial plateau fractures, with displacement or impaction, calls for quite a different form of treatment.

Traction, manipulation, open operation and other forms of treatment all fail, in greater or less degree, in the majority of cases, of accomplishing the ultimate desideratum of all fracture treatment—that is, adequate reduction.

The method we use is a modification of Forrester technique: Under anesthesia, preferably spinal, a large carpenter's "C" clamp is applied so that the flat surface on the end of the screw bolt is applied to the displaced and separated fragment. The opposite end is applied over a smooth 1 x 3 x 6-inch board, the latter providing a broad surface for counterpressure. If the displacement is downward as well as lateralward, the direction of the clamp is oblique so as to exercise pressure in an upward as well as transverse direction. Both the board and the compressing surface of the screw bolt are well padded. Firm pressure is exerted; and when sufficient force has been applied, the clamp is removed and x-rays taken in both lateral and anteroposterior directions. If satisfactory reduction has been obtained, as proved by x-ray study, the leg is maintained in extension, and a cast, from the toes to the groin, is applied, taking precautions to have sufficient padding, and especially over the fibular head, on account of possible injury to the peroneal nerve as it winds around the neck of the fibula. After two or three layers of plaster have been applied, the Forrester special knee splints are incorporated in the cast on either side so that the hinged part of the splints is exactly opposite the condyles of the femur and secured in place by additional plaster bandaging.

The splint consists of two pieces of strap iron about 16 to 20 inches long, hinged at their middle. A curved threaded rod runs from the upper strap above the joint and passes through a ring on the lower strap. Two nuts, one above and one below the ring on the distal strap, regulate the degree of motion of either splint. The leg may be maintained in complete extension or slight flexion; or by simply turning the nuts any degree of flexion may be carried out. Before the plaster hardens, a circular section is removed from the cast about the knee,

so as to completely expose the front, back and sides of the knee sufficiently to allow full freedom of motion. After 48 to 72 hours the nuts may be unlocked and the patient allowed to move the knee, increasing the amount of motion by degrees consistent with the patient's freedom from pain and spasm.

RECAPITULATION

Efficient reduction by "C" clamp, under anesthesia.

Cast from toes to well above the knee, with circular section surrounding the knee cut out while cast is still soft, with incorporation of Forrester hinged splint into cast.

Early Motion.—Any time after the cast hardens, active motion may be started, provided no pain is caused. Never force motion, either with or without anesthetic.

Weight Bearing Late in Treatment.—Never before six to eight weeks—and then with the leg protected by long caliper brace, to be worn four to six months. We must remember that early in the treatment of many of these cases there is a tendency toward lateral instability of the knee. If weight bearing is started too early, and if started without the protection of a caliper brace, the instability may become permanent.

Those who advise operative reduction usually advise taking out at the same time the involved semilunar cartilage and doing other repair work of the apparently injured joint ligaments. In my opinion, it is better to wait until maximum restoration of function has been obtained, because many of those cases, even with ligament disruption, go on to a remarkably good recovery of the joint.

Pacific Electric Building.

CLINICAL NOTES AND CASE REPORTS

THROMBOCYTOPENIC PURPURA: A CASE CAUSED BY SULFADIAZINE*

ANDREW H. MEYER
Oakland

THERE have been two previous reports of thrombocytopenic purpura developing from the use of sulfadiazine. We wish to report the third such instance.

REPORT OF CASE

A seven-year-old boy became ill with chickenpox, and subsequently developed impetiginous lesions. The family doctor prescribed sulfathiazole ointment for local application and sulfadiazine to be taken orally as follows: 1½ grams initially, to be followed by ¾ grams every six hours.

After 4½ grams had been given in one and a half days, the mother noticed "brown spots" behind the boy's knees and on the buttocks. After 7½ grams in two and a half days the urine became bloody, and after 9 grams in three days the hematuria became so pronounced that the physician was called and the child was hospitalized.

Family history revealed that the mother had asthma.

Past history was also significant, in that the patient had asthma. There was no history of bruising easily or of a previous similar episode.

Physical findings showed a seriously ill white boy with a rectal temperature of 102 degrees Fahrenheit, pulse 140, and respirations of 25 a minute. There were purpuric spots over the entire body. A large, tender, cystic swelling occupied the back of the neck and there were enlarged tender cervical glands bilaterally. The mouth contained bloody saliva, and the mucosa of the mouth and throat was covered with purpuric spots. The chest findings were not remarkable. The abdomen revealed peri-umbilical tenderness, but no palpable masses or organs.

The admission diagnosis was thrombocytopenic purpura, due to sulfadiazine, impetigo in a nearly healed condition, and possible carbuncle of the neck.

Laboratory data, the day following admission, were as follows: Hemoglobin 23 per cent with 1,430,000 red blood cells; platelets, 20,000; white blood cells, 23,850 with 86 per cent segmented neutrophiles; 2 per cent staph forms; and 12 lymphocytes. The bleeding time was over forty-five minutes, and the clotting time six minutes, with very little retraction after eighteen hours. The Rumple Leede test was markedly positive, the prothrombin time 76 per cent of normal; the urine was grossly bloody, containing 300 plus red blood cells per high-power field, and did not show sulfa crystals.

By the next day the hemoglobin had dropped to 16 per cent and the patient appeared moribund, although he had received two 250 c.c. transfusions of whole bank blood. During the next four days the patient received 1,500 c.c. of whole fresh blood given in 300 c.c. units. Following this the hemoglobin reached 78 per cent and the bleeding time was six minutes although the platelet count was only 42,000; the urine showed only 1-2 red blood cells per high power field.

Two weeks after admission the bleeding time was one and a half minutes, the platelet count 139,000, the hemoglobin 89 per cent, and the urine negative. The patient was discharged as markedly improved nineteen days after admission.

DISCUSSION

The two previously reported instances of thrombocytopenic purpura due to sulfadiazine terminated fatally and were as follows: One, a patient of seventy-nine years with pneumonia, who had received 33 grams over a period of eleven days when purpura was first noticed [1]; the other, a patient of sixty years—with a wound infection following nailing of a fractured hip—who had received 25 grams of sulfadiazine in six days when the purpura developed.[2] This emphasizes once more the need for careful observation and frequent blood and urine studies in all instances of sulfonamide medication.

2701 Fourteenth Avenue.

REFERENCES

1. Kracke, R. R., and Townsend, Eleanor W.: J. A. M. A., 122:162, 1943.

2. Gorham, L. Whittington, Propp, Simon, Schwind, Joseph L., and Climenko, David R.: Am. Jour. Med. Sc., 205:246, 1943.

* From the Highland-Alameda County Hospital, Oakland.

Thyroid, to tolerance, taken regularly over a prolonged period, is effective in correcting premenstrual distress in a high percentage of cases. Premenstrual headache and nervousness are the most responsive to the treatment.—Hudgins.

HOW MORTALITY AMONG WOUNDED IN THE RED ARMY IS REDUCED

S. J. Movitt, M. D.
Los Angeles

AS a result of immediate medical and surgical attention to wounded Red Army men at the front line and the use of blood transfusion, sulpha preparations, prophylactic and other measures, the mortality rate from wounds has decreased tremendously.

Over the past few years in particular the young doctors in Soviet Russia were trained to render not only ordinary aid to the wounded, but to give *immediately* surgical aid when necessary.

A group of American doctors visited, in October 1941, the famous Blood Transfusion Institute in Moscow, which receives from 700 to 1,000 donors daily, and were much impressed by its size and the scope of its work.

A great change has taken place in the rôle of medical work on the part of women physicians and Red Cross nurses and volunteers. While in the Russian-Finnish War, in the winter of 1939-1940, the work of women was confined almost entirely to hospitals, today they are right on the front with the men, ready to render first aid immediately when fighters are wounded. The idea of treating wounds with sulpha drugs, originated in America, was put into actual practice in the Soviet Union. This treatment, coupled with the application of plaster casts immediately as soon as the Red Army man is brought off the battlefield with a broken bone, and blood transfusion given at the front, right on the spot, are contributing factors in a tremendous reduction of the mortality rate among the wounded in the Red Army; but they render the work of doctors on the front much more dangerous than in the past wars, and, as a result, many of the doctors are giving their lives in this war. As stated in a recent interview with Professor Spassokukotsky, world-famous surgeon, veteran of three wars, in charge of the medical-surgical aid to the Red Army, it is to the honor of the medical profession, the fact that the doctors at the front die gloriously while rendering aid to the wounded fighters.

As a result of this splendid work of the medical personnel in the Red Army, statistics show a remarkable decrease in the mortality rate as a result of wounds. In the Finnish war, only 1.03 per cent of wounded Red Army men in the hospitals died. Statistics compiled up to October, 1941, in the present war show that 1.04 per cent of the wounded die. The reason for this slight increase is due to the fact that, while in the Finnish war of 1939-1940 most wounds were caused by bullets, in the present war they are mainly from mine splinters and are much more serious.

Another contributing factor to the comparatively low death rate from wounds is the fact that the soldiers are warmly dressed, well fed, and are evacuated from the front in special cars which are equipped with everything to make them comfortable. There are practically no deaths from tetanus, which took such a large toll in the World War I, when the antitetanus injections were given only after the soldier was wounded, often when it was already too late to save his life. Whereas, now, every Red Army man is vaccinated against tetanus before he is sent to the front. There are practically no contagious diseases in the army: no cases of typhus which in past wars was considered inevitable, and practically no cases of typhoid or dysentery—all this is due to the proper diet of the Red Army men, to prophylactic measures and high standards of sanitation in the army.

The above-mentioned surgeon-in-chief of the Red Army, Doctor Spassokukotsky, introduced the use of ammonia solution instead of soap for washing the hands before an operation and puncturing, instead of operating, a brain abscess as a complication of head wound. The same proposal was recently made in America by Doctor Dandy.

610 South Broadway.

A HIGH ENEMA: A MINING CAMP EXPERIENCE*

W. C. Shipley, M. D.
Santa Rosa

REPORT OF A CASE

IT was in the early fall of 1901 that, while following my chosen profession in the mining district of Calaveras County, I received a call, "To come just as quickly as God would let," to see a woman who was expected to be dying of terrible cramps in a wood camp about ten miles from the mine where I was located. The messenger came on horseback, it being before the days of barbed wire or other telephone service in the foothill country. His horse was lathered and exhausted, so on the trip back he rode with me and led the almost spent animal.

When at least a quarter of a mile from the camp, a woman's piercing screams, frequently repeated, led me to believe that any human being with the strength behind such shrieks was far from a dying condition.

On arriving at the camp, where several families abode in tents under big oak trees, great high-wheeled wood wagons were standing about, horses hitched to picket lines, all typical of the wood camps of that day. The campers cooked and ate outdoors, sleeping in tents, with plenty of straw in place of mattresses. A whole family would occupy one end of the tent as a bed.

The men were bearded and muscular specimens, being able to produce many cords of four-foot wood each day, which was used by the mines to generate power.

* Letter from the author states:

Santa Rosa, California.

To the Editor:—Enclosed you will find a little medical story, which speaks for itself.

During forty-three years of very active medical practice out in the wilds, the mines, and in the cities, I have seen and experienced some very odd situations.

If you have any use for this little medical story you may use it. . . .

Yours very truly,
(Signed) W. C. Shipley, M. D.

REPORT OF CASE

In front of one tent, from which issued the piercing screams, there was congregated the entire personnel of the camp, the little kids in the front row, the larger children in the next, the women—in calico, with unkempt hair—forming the third, and the heavily bearded men looking over the shoulders of the women. An old, toothless granny was beside the writhing, groaning, yelling patient on the straw pallet at the far end of the tent. The audience stood spellbound at the open end of the tent, expecting the woman to die at any moment, and their solemnity was profound.

My horses were cared for by a couple of the men, while, with medical and grip of sundries, I was rushed into the tent where death was supposed to be imminent.

From the old crone I learned that the woman had been constipated and had taken some good old CC pills, which had given her plenty of cramps without producing the desired evacuation. She was badly distended, evidently in acute agony, but far from death's door.

This was back in the days when the old bulb hand-pump syringe was in vogue. I had one in my grip of accessories, also about three feet of a stomach pump to be used as a colon tube. Warm water in a galvanized bucket from one of the big wagons was brought in, together with a sack of salt. The barley beards were skimmed from the water by hand, salt added, and dissolved by stirring with a stick. The bulb syringe and section of stomach tube were hooked up and, after pumping sufficient water through it to get rid of air bubbles, vaseline was applied to the end of the tube and the process of administering a high enema, colonic flush, or internal bath, as it is sometimes called, was started. The water flowed beautifully, the old pump was working perfectly, gradually the tube was inserted at least a foot and a half, and about a gallon of water pumped into the still-shrieking woman.

As the possibility of immediate action gave sign, the tube was quickly withdrawn, and I stepped to one side to be out of the range of fire. The day being warm, the woman was almost naked. I had no sooner cleared the field of action than the explosion came—water, gas, and intestinal contents flew in a mighty spray. The crowd in the doorway was not quick enough to take cover and they got the full force, square in their faces, of the much-needed relief for the suffering woman.

The men had lumps in their beards, and hair, as did the women and the children, down to the little tots in the front row. The fact is, they were all pretty well covered, as by a spray painter, and didn't they cough, snort, spit, and wipe their faces! The woman was so instantly relieved that the occasion was a solemn one, when to have laughed would have been sacrilege, or might have invited suicide; so, in silence, I watched the performance and chuckled to myself.

226 Rosenberg Building.

Socialized Medicine—Sure

Socialized medicine is on the way. It is coming just as sure as God made little children who grow up to be men and women, plagued all the way through life with the ills of humankind.

The vital question is not whether we are going to have socialized medicine, but what kind of socialized medicine.

Are we going to have Government compulsory socialized medicine or is it going to be socialized medicine provided by voluntary action on the part of the individual and the medical profession?

We have the latter kind already, and it was largely because we were threatened by the former that we have the latter. The medical profession foresaw what was coming if they, themselves, did not get busy and provide some form of group insurance against the sudden expenses of illness and accident. Too many persons were too improvident to provide against those ills without being prodded a bit. Even yet there are too many persons who have failed to take advantage of the health insurance offered by the medical association. There are too many persons who do not have health insurance with one of the reliable insurance companies ready to provide that insurance at low cost.

All the health insurance schemes we now have are really socialistic. They do not have to be Government-controlled in order to be socialistic. Anything that is coöperative is socialistic at least in its tendencies.

The danger now is that we shall have foisted upon us a Government compulsory health insurance that will be loaded with all the evils of Government control but with far less benefit and at far greater expense than the present health insurance plans operating independently of the Government.

A bill has been introduced in Congress which appears to have all the earmarks of the worst kind of government evils. It is the Wagner-Murray Senate Bill 1161. About this bill Robert Quillen, writing in the Indianapolis *Star*, says:

"The chief author of the bill is the same German-born Senator Wagner of New York, who gave us the law that 'protects the rights of labor,' but denies the boss even the right of free speech. And if all goes well, the bill will be passed by the next Congress.

"Its purpose is to provide more social security, including medical care. And, as usual, it levies a tax—this time a whopper.

"It will add $12,000,000,000 a year to our annual tax burden—twelve times the total cost of government when dad was a youngster.

"It will take 6 per cent from your pay envelope, up to $3,000, and another 6 per cent from the boss. From the self-employed—the doctor, farmer, merchant—it will take 7 per cent up to $3,000, or $210 a year.

"Three-fourths of the money will be used to extend the benefits of Social Security, but one-fourth, or $3,000,000,000, will be turned over to the Surgeon-General and he will be the absolute czar of American medicine, empowered to provide free medical and hospital care for 110,000,000 people.

"He will control all hospitals and decide which ones can operate and how much they shall charge.

"He will tell doctors where to practice and how many patients they may have and how much they may charge. He will also decide which ones may call themselves specialists.

"(The bill generously permits each of us to choose his own doctor, but not if the one of our choice already has his allotted number of patients.)

"There are many other remarkable provisions in the measure, but this is enough to give you the idea.

"Three billion dollars is a lot of money. It is enough to hire every doctor in America at a salary of $5,000 a year; to hire every bed in every privately operated hospital every day in the year at the rate of $5 a day; to pay $2.50 a day every day in the year for each bed in Government-owned hospitals; to spend over $250,000,000 a year for medicine and supplies, and still leave $500,000,000 for political job holders.

"If your doctor seems a little absent-minded and peevish these days, he is thinking about his future when politicians control the practice of medicine."—Editorial in San Rafael *Independent*, from Petaluma *Argus-Courier*.

It is with life as with a play: what matters is not how long it is, but how good it is.

—Seneca, *Epistulae ad Lucilium*. Epis. lxxvii, 20.

Just as one of small stature can be a perfect man, so a life of small compass can be a perfect life.

—Seneca, *Epistulae ad Lucilium*. Epis. xciii, 7.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

KARL L. SCHAUPP, M. D.....President
LOWELL S. GOIN, M. D.....President-Elect
E. VINCENT ASKEY, M. D.....Speaker
PHILIP K. GILMAN, M. D.....Council Chairman
GEORGE H. KRESS, M. D...Secretary-Treasurer and Editor
JOHN HUNTON.....Executive Secretary

EDITORIAL BOARD

Chairman of the Board:
Albert J. Scholl, Los Angeles

Executive Committee:
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Fred D. Heegler, Napa
Albert J. Scholl, Los Angeles
George W. Walker, Fresno

Anesthesiology:
H. R. Hathaway, San Francisco
Ernest H. Warnock, Los Angeles

Dermatology and Syphilology:
William H. Goeckerman, Los Angeles
H. J. Templeton, Oakland

Eye, Ear, Nose and Throat:
Frederick C. Cordes, San Francisco
L. G. Hunnicutt, Pasadena
George W. Walker, Fresno

General Medicine:
Lambert B. Coblentz, San Francisco
L. Dale Huffman, Hollywood
Mast Wolfson, Monterey

General Surgery (including Orthopedics):
Frederic C. Bost, San Francisco
Fred D. Heegler, Napa
William P. Kroger, Los Angeles

Industrial Medicine and Surgery:
John D. Gillis, Los Angeles
John E. Kirkpatrick, Shasta Dam

Plastic Surgery:
William S. Kiskadden, Los Angeles
George W. Pierce, San Francisco

Neuropsychiatry:
Olga Bridgman, San Francisco
John B. Doyle, Los Angeles

Obstetrics and Gynecology:
Daniel G. Morton, San Francisco
Donald G. Tollefson, Los Angeles

Pediatrics:
William W. Belford, San Diego
William C. Deamer, San Francisco

Pathology and Bacteriology:
Alvin J. Cox, Jr., San Francisco
R. J. Pickard, San Diego

Radiology:
R. R. Newell, San Francisco
Henry J. Ullmann, Santa Barbara

Urology:
Lewis Michelson, San Francisco
Albert J. Scholl, Los Angeles

Pharmacology:
W. C. Cutting, Menlo Park
Clinton H. Thienes, Los Angeles

† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL NOTICES

ANNOUNCEMENT

ANNUAL SESSION
CALIFORNIA MEDICAL ASSOCIATION

The seventy-third annual session of the California Medical Association will be held *Sunday, May 7* and *Monday, May 8, 1944,* inclusive, with headquarters in the Hotel Biltmore, Los Angeles.

Members are reminded to make hotel reservations and transportations early.

Concerning Resolutions to Be Submitted to the House of Delegates of the California Medical Association at the Annual Session

Members of the Association and of the House of Delegates of the California Medical Association who have in mind the submittal of resolutions or amendments to Constitution and By-Laws to be presented to the House of Delegates at the annual session, to be held in Los Angeles on May 7 and 8, 1944, should keep in mind the rules of the House, which state that all such proposed resolutions and amendments must be submitted in triplicate and handed to the Secretary at the time the same are presented.

The Size of "California and Western Medicine" Reduced: Governmental Directive

Commencing on January 1, 1944, it has been necessary to reduce the number of pages in CALIFORNIA AND WESTERN MEDICINE by 10 per cent. The governmental directive applies to all publications, and has been issued in order to conserve paper. The saving has been accomplished by reduction in number of pages in both the text and the advertising divisions. Hereafter some of the rosters which have appeared in every issue of CALIFORNIA AND WESTERN MEDICINE will have place only on alternate months.

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Fourteenth (314th) Meeting of the Council of the California Medical Association*

The meeting was called to order in the Green Room of the Hotel Fairmont in San Francisco at 10:30 a. m. on Sunday, January 23, 1944.

1. **Roll Call:**

Councilors present: Philip K. Gilman, Chairman; Karl L. Schaupp, Lowell S. Goin, William R. Molony, Sr., E. Vincent Askey, Edwin L. Bruck, Sam J. McClendon, Edward B. Dewey, Dewey R. Powell, Calvert L. Emmons, Donald Cass, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and Secretary George H. Kress.

Councilor absent: E. Earl Moody (ill).

Present by invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; John Hunton, Executive Secretary; Nelson J. Howard, Chairman, Committee on Medical Defense; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel; Ben Read, Secretary, Public Health

* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

League; Representatives of the "Committee of Ten" from California Physicians' Service, Association of California Hospitals, Hospital Service of California, Hospital Service of Southern California, and Intercoast Hospitalization Insurance Association.

2. **Minutes:**

(*a*) Concerning the minutes of the 313th Council meeting, held in Los Angeles on October 10, 1943 (minutes printed in California and Western Medicine, November, 1943, on pages 272-278), Councilor Molony spoke on Item No. 14, given in California and Western Medicine for November, on pages 276 and 277. Upon motion made and seconded, it was voted to reconsider the "Resolution on national and state policy administration, with report to the California Medical Association House of Delegates."

Councilor Molony felt that it would be unfortunate to let the resolution stand as printed in California and Western Medicine and made a motion to delete paragraph 1 on page 277, dealing with certain recommendations to be submitted to the House of Delegates of the California Medical Association at the next annual session. Paragraph 1 as printed follows:

"1. The replacement of certain of the officers of the American Medical Association, to include the secretary and the editor of *The Journal.*"

Dr. Molony's motion did not receive a second.

President Karl Schaupp stated that it had been suggested to him, in order to permit the California Medical Association to be in position to portray the present attitude of the members of the State Association, a proper solution of the problem would be to have all present California Medical Association delegates and alternates submit their resignations as such; the California Medical Association House of Delegates in May next at the annual session to then decide who shall act as delegates and alternates from the California Medical Association to the House of Delegates of the American Medical Association.

In the discussion which followed, Doctor Goin stated that he was willing to submit his resignation as one of the California Medical Association delegates to the American Medical Association if it was the wish to have the present delegates representing the California Medical Association to the American Medical Association take such action.

The minutes of the 313th meeting of the Council were then approved with no dissenting votes, as presented in California and Western Medicine for November, 1943 (pages 272-278).

(*b*) The following mail ballots were considered and the actions taken approved:

Council ballot of November 26, 1943. Decision favored January 23 for time of meeting of Council.

Executive Committee ballot of November 15, 1943. Vote was in favor of printing a modified card, as per Item 11 on page 173, September California and Western Medicine (also August, page 109), re "Our Obligation: To Colleagues in Military Service."

Executive Committee ballot of December 8, 1943. Decision was in favor of holding the 1944 annual session in Los Angeles.

Executive Committee ballot of December 23, 1943. Decision was in favor of authorizing Committee on Public Policy and Legislation to prepare for submittal to Council a tentative plan of organization based on resolutions adopted at the Salt Lake City conference of several Pacific States medical associations.

3. **Membership:**

(*a*) A report of the membership, as of January 22, 1944, was submitted and placed on file. The membership roster showed distribution as follows: Total members listed for year 1944: 7,336 (inclusive of 2,070 members in military service).

(*b*) Upon motion made and seconded, it was voted to reinstate twenty-two members whose membership had automatically lapsed on April 1, 1943, and whose dues had been paid since the last Council meeting, held on October 10, 1943.

(*c*) Upon motion made and seconded, retired membership was granted to the following members, whose applications had been received in accredited form from their respective county societies: Ernest L. Commons, M. D., Los Angeles County; William M. Happ, M. D., Los Angeles County; Walter C. Adams, Alameda County.

(*d*) Upon motion made and seconded, life membership was granted to the following member, whose application had been received in accredited form: Robert A. Peers, M. D., Placer County.

(*e*) Problems concerning so-called "temporary membership," and by-law provisions of component county societies permitting the same, were discussed. It was pointed out that such by-laws for temporary membership in a county society should not give "active" membership in the California Medical Association and the American Medical Association. The subject was referred to Legal Counsel Peart for further investigation and report.

(*f*) A letter concerning the Building Fund fee of $100 levied on new members in the Los Angeles County Medical Association, with reference to a specific case, was referred to the Los Angeles County Medical Association for consideration.

4. **Financial:**

(*a*) A cash report, as of January 22, 1944, was submitted.

(*b*) Report was made concerning income and expenditures for December and the twelve months of the calendar year 1943.

(*c*) A balance sheet, as of December 31, 1943, was submitted. Also, report of certified public accountants, Hood and Strong, of same date.

Upon motion made and seconded, the above reports were received and placed on file.

5. **Public Opinion Survey Re: Medical Profession:**

The firm of Foote, Cone and Belding, through its representative, Mr. John R. Little, submitted a report on the "Survey of Public Relations of the California Medical Profession, as of January, 1944." The same was a survey of 5,090 personally conducted interviews, with a representative cross section of the population of the State of California, made during the month of November, 1943.

Mr. Little submitted an interpretative report thereon to the Council, his synopsis being the considered opinion of a 24-man board of public opinion specialists associated with the firm of Foote, Cone and Belding.

The interpretative report dealt with the 232-paged detailed report and tabulation, copies of which were also submitted. The mimeographed report of more than two hundred pages exhaustively covered many subjects vital to the medical profession. It was stated that the survey was accurate to within a very small degree of error. For the basis of calculation, the population of California was taken as seven million. By using the tables in the survey, it is possible to determine what is the opinion of lay citizens in various geographical districts, according to factors such as sex, age, occupation, size of city, income class, length of residence, etc., with special reference to the medical profession and practice, and proposed Federal legislation.

Mr. Little stated that one of the heart-warming elements of the survey was the high opinion in which most citizens hold the profession of medicine. The difficulties facing the medical profession dealt, however, with other factors. The interpretative report by Mr. Little dwelt only on one or two of the more important elements involved.

Questions and discussion followed. Upon motion made and seconded, it was voted that, until such time as was deemed proper by the Council, the contents of the interpretative, and of the complete mimeographed report be held as confidential. In the meantime, the members of the Council will study the report in detail for better orientation and understanding in connection with action to be taken at the next meeting of the Council.

Statement was submitted by Foote, Cone and Belding for the costs of the service rendered in making the survey, in the amount of $7,198.46, and on motion made and seconded, the same was authorized for payment. Several councilors expressed themselves as believing the facts brought out had more than justified the expense involved.

6. **Committee on Public Policy and Legislation:**

Dr. Dwight H. Murray, Chairman of the Committee on Public Policy and Legislation, submitted reports as follows:

(*a*) On the visit of Mr. Ben Read, Secretary of the Public Health League of California, to Washington, D. C.

(*b*) On the proposed "Western States Public Health League," held by representatives of some of the constituent state medical associations, who met in Salt Lake City on December 11, 1943.

Information and minutes concerning the Salt Lake City meeting appear in California and Western Medicine for January, 1944, on pages 27 to 30, inclusive. It was suggested that members of the California Medical Association who wish to orient themselves concerning these important matters should take the time to read the reports referred to.

Mr. Read, Secretary of the Public Health League, submitted a detailed report giving much additional information.

In the proposed "Western States Public Health League" (tentative name), the quota of the California Medical Association in relation to costs that would be involved in the maintenance of an office in Washington, D. C., for a period of twelve months, was discussed in detail by Councilors. After full discussion, on motion by Councilor Bruck, duly seconded, it was voted to approve the organization of the Western States Public Health League and that funds to the amount of $18,000 be allocated to support the activities that had been outlined; with particular reference to the establishment of a medical bureau of information in Washington, D. C., through which it would be possible to inform members of Congress, and also the medical profession, concerning legislation related to public health and medical practice interests and standards.

7. **"Committee of Ten" on Medical and Hospitalization Services:**

Chairman Gilman reported to the Council on the first meeting of the Committee of Ten, authorized by the Council (as per Item 6, in minutes of the 313th meeting, printed in California and Western Medicine for November, on page 273). The Committee of Ten consisted of three representatives of the California Medical Association, three representatives of the Association of California Hospitals, and one representative each from California Physicians' Service, Hospital Service of California, Hospital Service of Southern California, and Intercoast Hospitalization Insurance Association. Chairman Gilman stated that, in addition to the voting members, the various organizations had additional members present as observers and consultants.

It was stated that, in deference to the wishes of the three hospitalization groups, no action was taken at the first meeting, held on December 12, 1943, in order to permit the hospitalization organizations to hold an independent conference for preparation of a report concerning their point of view, on ways and means to bring about the establishment of a single Blue Cross hospitalization organization in California, in coöperation with medical service activities of California Physicians' Service.

Doctor Gilman stated that the second meeting of the Committee had been held on Saturday, January 22, 1944, and that at the first meeting it had been voted to recommend to the Council that the Committee of Ten be changed to a Committee of Eight to consist as follows: two representatives from the California Medical Association, two from California Physicians' Service, and one each from the Association of California Hospitals, Hospital Service of California, Hospital Service of Southern California, and Intercoast Hospitalization Insurance Association.

On motion made and seconded, this change in the complexion of the committee was authorized by the Council.

On motion made and seconded, the three members who had represented the California Medical Association on the Committee of Ten were discharged with thanks for their services. It was also voted that the Chairman of the Council and one other representative of the California Medical Association, to be selected by the Council Chairman, be the representatives of the California Medical Association on the Committee of Eight. Chairman Gilman appointed Karl L. Schaupp to be the other representative.

Mention was made of the feeling on the part of the representatives of the hospitalization groups that the entire expense involved in further study of the problems involved, through possible employment of a full-time coördinator, should not be borne by the California Medical Association alone.

General discussion followed, references being made to the facts brought out in the reports of the Foote, Cone, and Belding survey; the observations made in Washington, D. C., by Secretary Read of the Public Health League of California; the progress that had been made thus far in the conferences held under the auspices of the Committee of Ten with representatives of the California Medical Association, the Association of California Hospitals, California Physicians' Service, Hospital Service of California, Hospital Service of Southern California, and Intercoast Hospitalization Insurance Association. The consensus of opinion was that the facts which had been placed before the Council were of great importance, and worthy of most serious and prompt consideration and action.

In the discussion which followed, Councilor Goin presented the following suggestions:

1. California Physicians' Service must become *de jure* as it is *de facto*, an instrument of the California Medical Association.

2. Request the resignation of all administrative members of California Physicians' Service to permit proper reorganization.

3. In lieu of administrative members as now elected, have all members of the House of Delegates of the California Medical Association elected as administrative members and to act in such capacity.

4. Through an arrangement such as the above, the Trustees of California Physicians' Service would then be elected by the House of Delegates of the California Medical Association.

5. In the best interests of all concerned, if such a plan were placed in operation, the present Board of Trustees of California Physicians' Service to resign, in order to elect a new board.

6. Secure a new medical director and assistants (a new staff).

7. Decrease the cost of hospitalization by mutual arrangement with the hospitalization groups or by having California Physicians' Service provide it directly.

8. Abolish the differential between dollar payments to hospitals for x-ray laboratory work, etc., as against the unit payments made to doctors.

9. Appropriate the sum of $25,000 to carry on a publicity campaign to acquaint the citizens of California with the advantages of voluntary medical service and hospitalization groups as carried on under an arrangement such as is outlined above.

The above suggestions by Councilor Goin were discussed and, on motion made and seconded, it was voted that the Council Chairman appoint a special committee to make a study thereof and to present a report thereon at the next meeting of the Council. The committee appointed consists of Councilors Philip K. Gilman, Karl L. Schaupp, and John W. Cline.

This committee to hold a conference as soon as possible with Mr. John R. Little of Foote, Cone and Belding, and with Secretary Ben Read of the Public Health League of California.

8. Malpractice Insurance Premiums:

Nelson J. Howard, Chairman of the Committee on Medical Defense, made a report concerning malpractice problems in California.

He referred to the brochure on Medical Defense which was brought out by the California Medical Association Committee on Public Relations several years ago, and the recommendations contained therein concerning the New Haven plan; also the desirability of having all component county societies appoint Grievance Committees, as outlined in the By-Laws of the California Medical Association (Chapter II, Section 3 (a-2).

Note: On page 24 of the printed By-Laws, the sentence reading, "At the expiration of the terms of office of the respective members of such committee, successors shall be elected in like manner to serve for a period of one year each," should be amended to read by substituting in lieu of said sentence the following:

At the expiration of the terms of office of the respective members of such committee, successors shall be elected in like manner to serve for a period of three (3) years each.

The cost of malpractice coverage was gone into in considerable detail, and various procedures which might make for a betterment of existing conditions outlined.

After further discussion, it was voted that the Committee on Medical Defense be requested to continue its studies, Doctor Howard to submit a report thereon at the next meeting of the Council.

9. Permanente Hospital Addition:

The special Committee on Permanente Hospital (Councilors Kindall, Chairman; Emmons and Bruck), through the chairman, Doctor Kindall, reported that a meeting had been held at which the various activities of the Permanente Foundation group had been discussed. The report follows:

Recommendations and Conclusions:

1. The Permanente Foundation in Oakland is engaged in the corporate practice of medicine, and such activities should terminate shortly after the cessation of hostilities.

2. The Permanente Foundation Hospital in Oakland, built with taxpayers' money, should not be retained by the Permanente Foundation after the war, but should be made available to the County of Alameda, either by gift or by purchase. It should not happen that these hospital structures could be purchased by industrialists, insurance companies, political groups, or any private interests, who might be able to buy the same at 10 cents on the dollar.

3. If the Permanente group feel there is a shortage of beds, then the structures for such should be constructed in the center of their greatest population and need, namely, in the city of Richmond. Further, that such construction should be of a temporary nature so as not to waste the taxpayers' money.

4. The construction of a permanent addition to the Oakland Permanente Hospital gives credence to the belief that the Permanente Foundation has plans to furnish medical and hospital care after the duration. When, after the duration, physicians in military service return to their private practices, they will eagerly investigate the action of the officers and Council of the California Medical Association in regard to the Permanente Foundation. The rights of these military members must be conserved and protected.

5. Your Special Committee does not concur in Mr. Kaiser's frequent statements that physicians returning from the service will welcome opportunities to serve in clinics as outlined by the Permanente Foundation. The older physicians in military service will want to get back to their former method of practice, and the younger physicians now in the service may be retained in the service for a long time after the cessation of hostilities. The 80 per cent of medical students now receiving their medical education, and living at the expense of the Government, may also be called upon to remain in military service for a long time.

6. It is the belief of your Special Committee that patients in the first-aid stations in Richmond do not receive adequate medical care. Many patients go to private physicians in Richmond, or to physicians in the town in which they live. This emphasizes the belief of your Special Committee that the public is not ready to forsake their privilege and desire to select medical aid of their own choosing. Patients in the Oakland Permanente Hospital receive good care and treatment.

7. The spending of $1,200,000 of taxpayers' money for a permanent structural addition to the Oakland Permanente Hospital for additional beds and clinic facilities is *not* a war-time emergency. Such an expenditure may be based on plans with altogether different implications. No one will deny that all classes of people should have adequate medical and hospital service, but your Special Committee believes that physicians cannot accept industrial and insurance control of medical practice.

8. A question arises: Should California Physicians' Service enter into any agreements with the Permanente Foundation for the care of families? C. P. S. has employed full-time salaried physicians, justified as a war measure. But to have C. P. S. enter into an agreement with the Permanente Foundation is not recommended. The decision in regard to that should be left to the professional members of C. P. S., because any such agreement made between C. P. S. and Permanente Foundation would seem to be contrary to the original purposes and aims of C. P. S.

Action Taken:

Upon motion made and seconded, it was voted to approve the report, and refer it to the Council's special committee that is studying the California Physicians' Service and hospitalization group and affiliated problems.

10. Agricultural Workers' Health and Medical Association:

President Karl L. Schaupp reported on recent problems that have arisen in connection with the medical care of needy migratory workers engaged in agriculture. An outline of the activities of the "Agricultural Workers' Health and Medical Association" was given, and the proposed changes in Public Law 45 and House Joint Resolutions 205 and 208 discussed. Appreciation was expressed to California Senators and Congressmen for coöperation to secure medical care for needy agricultural workers.

Doctor Schaupp referred to a conference that had been recently held with representatives of the State Chamber of Commerce and Farm Groups, and spoke of the value of exchange of opinion between representatives of lay organizations having interest in the same problems. Doctor Schaupp stated that, as a result of the recent conference, a much better understanding had been obtained of the problems involved; and that, in line therewith, a telegram had been forwarded to all members of Congress from California, stating the objectives favored by the California

Medical Association in connection with the activities of the Agricultural Workers' Health and Medical Association. The objectives recommended to Congress were:

1. To continue the operation of the program through a Federal agency. We do not suggest what agency that shall be.

2. To restore the appropriation for medical care to $1,814,000.

3. To provide an interpretation which will make possible the furnishing of medical care to interstate and foreign workers who are in need, regardless of whether they have been transported by or placed by the Government. Such need to be determined by the agency to whom supervision of this work has been delegated, be that H. J. R. 205 or 208, according to which is ultimately enacted.

It was stated that Senator Hiram W. Johnson had introduced S. 1493 and Congressman Outland a companion bill, H. R. 3651, in which the California Medical Association's recommendations were incorporated.

11. Recommendations Submitted by Dr. A. J. J. Rourke:

A letter from Dr. A. J. J. Rourke, dealing with recommendations 3, 5, and 6, which appear on page 316 of California and Western Medicine for December, came up for discussion. The recommendations follow:

(3) Whole-hearted coöperation of the American Hospital Association and the American Medical Association.

(5) Establishment of a Medical Service Plan Commission within the American Medical Association to collect and pool the experience of the constituent state societies regarding prepaid medical service.

(6) Employment of more full-time personnel for study of voluntary health insurance with reëstablishment and expansion of the Bureau of Medical Economics.

Upon motion made and seconded, it was voted to request Doctor Rourke to submit to the Council a digest of his recommendations in regard to the above. On the subject of desirability of having a full-time medical man visit the component county medical societies of the California Medical Association to discuss with the members of the county societies the problems facing organized medicine, it was agreed that Doctor Rourke should prepare a report thereon for submittal at the next meeting of the Council.

12. "California and Western Medicine":

The Executive Committee, through its chairman, Doctor Cline, submitted the following recommendation: Because of problems associated with services rendered in connection with the Official Journal, and since a very considerable saving in costs could result from change of printer, The James H. Barry Company, present printers, having informed the California Medical Association it will be necessary to make a 10 per cent increase in the base price as in operation during the year 1943, it is recommended to the Council that the printing of California and Western Medicine be again returned to the former printer in Los Angeles, the Wolfer Company, at such time as the editor and the business manager may deem best.

After discussion, upon motion by Cline, seconded by Schaupp, it was voted that the change of printer be approved, and that Business Manager Hunton and Editor Kress be authorized to make the change in the near future. (Note: Commencing with the April issue, California and Western Medicine will be printed by the Wolfer Company.)

13. Legal Department:

Legal Counsel Peart presented a progress report concerning the application of the Association to the Industrial Accident Commission for a new and adequate fee schedule for compensation work. He stated that an impasse had been reached and that the Special Committee desired to place the full situation before a conference of Association officers or before the Executive Committee at an early date. In view of the lateness of the hour, Mr. Peart stated that he would not go into the matter further.

An error in the Association's disciplinary Code in relation to County Grievance Committees was referred to the Legal Counsel for report and submission of amendment to the House of Delegates. (See Item 8 of these minutes.)

14. Fourth War Loan:

A request of the U. S. Treasury Department, received through the American Medical Association, to have all constituent state medical associations and component county societies appoint special committees to promote the Fourth War Loan of the United States, was read.

Upon motion made and seconded, it was voted that the Association Secretary write all component county societies with request for such coöperation.

15. Time and Place of Next Meeting:

Upon motion made and seconded, it was voted that the next meeting be held on Sunday, March 5, 1944, in San Francisco.

16. Adjournment:

The Council adjourned its meeting at 5:30 p. m.

Philip K. Gilman, *Chairman.*
George H. Kress, *Secretary.*

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Age Limit for Naval Surgeons Raised

The age limit for applicants for appointment in the Medical Corps, U. S. N. R. (U. S. Naval Reserve), has been raised from 50 to 55 years of age.

Physicians up to 55 years of age will be taken for limited shore duty.

6,300 More Doctors Needed for Military Services

With increased casualties inevitable as the tempo of the war steps up, the Army, Navy, Marine Corps, and Public Health Service must have an additional 6,300 physicians and surgeons trained and ready for front-line action by July 1, Lieut. Col. Durward G. Hall, chief of the procurement branch of the military personnel division of the Surgeon-General's office, declared here yesterday.

This picture, he said, will be presented to representatives of the California Medical Association on March 1, in an effort to enlist volunteers from the ranks of doctors who have been declared by the War Manpower Commission (WMC) to be nonessential to the protection of civilian health at home.

Colonel Hall said a 1943 survey revealed there were more than enough doctors, not essential to civilian needs, to meet all military demands. While a figure of one doctor to every 1,500 civilians has been found basic for proper medical care, the ratio in this area, and particularly in San Francisco's metropolitan center, is one doctor to fewer than 1,000 civilians, he said.

The medical profession alone can decide how many of its members are available for military service, Colonel Hall pointed out.—San Francisco *Examiner*, February 23.

Veterans Fitted With New Hands and Legs At Mare Island

Maimed sailors and marines no longer must limp through life or face curious stares, for through a rehabilitation



Photograph of the medical staff of the U. S. Hospital Ship *Pinckney*, the hospital ship that was named after the first Surgeon-General of the United States Navy, and is now in commission. The Senior Officer of U. S. H. S. *Pinckney* is Captain William E. Costolow, a member of the Los Angeles County Medical Association. In the photograph, Captain Costolow is in the front row, third from the left.

program originated at Mare Island Naval Hospital, in Vallejo, Solano County, they are equipped and trained for lives as full as those they enjoyed before losing an arm or leg.

More than one hundred Pacific veterans, supplied with form-fitted artificial legs and miraculous new artificial hands, are ready for jobs ranging from firing boilers to managing a shoe store.

Instead of turning over legless and armless men to the Veterans' Bureau to get privately manufactured legs, the Navy at Mare Island equips and trains each veteran and helps him get a job before he is released.

Months of painstaking work, financed by Mare Island war workers and benefit events, went into the development of the new types of artificial limbs being made at the workshop under the direction of Matt Laurence of 2869 Broadway, Oakland, who has relinquished his civilian practice to help the Navy men.

Soft plastic, molded to each wounded man, lines these near-human devices made at the shop. Also molded are the hard plastic outside coverings, and a pattern is kept for each man in case his new limb is damaged.

Knee and ankle joints are hinged in metal, and toe flexibility is given by the use of rubber. Before a man is given his permanent limb, he is given several weeks to get used to a temporary one constructed of steel and wood. Once they become accustomed to it, they need neither crutches nor canes.

Hailed as a remarkable step in physical rehabilitation is the development by Commander Henry Kessler at Mare Island of an artificial hand which, Doctor Kessler said, "gives 90 per cent of the usefulness of the original hand."

Carved from wood, with the fingers operated by springs, these are attached to living muscles in the arm after a delicate operation, so that a wounded man can operate it on precisely the same principle as his own.

"These boys," Captain J. P. Owen, hospital commandant, said, "are not depressed. A lot of them are going to have a better job than they ever had before. They are going out ready to compete with anyone."

The Mare Island experiment, its workshop, medical methods, and training program now are being adopted, Captain Owen revealed, in an East Coast hospital and later may spread to Navy and Army centers throughout the country.

War's Broken Victims Mend at Hoff Hospital in Santa Barbara

Into the long, low wards of the Army's Hoff General Hospital in Santa Barbara the ebb tide of war has washed men who know the sear of battle.

They are youngsters ripped and twisted by hurtling metal and shocked and burned by explosion, yet most of them have a good chance to return to useful civilian life.

Patiently they use the wheels and the weights and machines that help remold torn muscles. Slowly, carefully, they flex bullet-shattered shoulders and arms, from which shrapnel has drained all strength.

WATCHFUL GUIDES

And constantly at their side are the Army's physical therapy doctors and nurses, watchful guides along the path to rehabilitation.

With gentle dexterity they direct the body rebuilding exercises. Much of the work is done before mirrors so patients can see exactly what they are accomplishing, just how much a scarred arm can be lifted or an injured knee bent.

Equipment in the physical therapy wards is almost constantly in use—rowing machines, wrist rollers, stall bars, sliding weights, exercising bicycles, parallel bars, and large wheels, to help develop wounded arms and shoulders.

The men can use the equipment only a short time when they are first considered ready for therapy after initial surgery or other treatment. Then gradually their strength increases, the flesh responds to treatment and the exercise periods are longer.

Later the rehabilitation program includes occupational therapy, leather work, weaving, plating, book binding, rug making, wood carving, and painting.

Finally, those who are sufficiently improved are permitted to work in the hospital's 15-acre truck garden, where convalescent patients produce many of the vegetables used at mess.

They are allowed to go their own pace. The trouble is, according to men in charge, they are likely to work too hard at first.

Nervous Breakdowns One-Third of the Casualties

The Journal of the American Medical Association has reported that "about one-third" of all casualties now returning from overseas are suffering from nervous breakdowns.

"The strain of this war affects leaders, with the added stress of leadership, even more than it does the men in subordinate rank."

Total Casualties on Both Sides of War Placed At 25,000,000

Military experts and civilian observers estimate the total Allied and enemy casualties of the current war in excess of 25,000,000, the Baltimore *Evening Sun* said recently, adding that United States casualties have been less than those of any other major nation.

The British figure, excluding civilians, was estimated at five times the United States.

The chief comparison drawn was between United States and British Empire casualties.

AMERICAN TOTAL 146,186

For the United States, the *Evening Sun* listed a total of 146,186, including 33,153 dead, 49,518 wounded, 33,617 missing, and 29,898 prisoners, as of February 1, 1944.

The British military casualties were fixed at 514,993 as of September 3, 1942, with 92,089 dead, 226,719 wounded, 88,294 missing, and 107,891 prisoners.

Other estimates included.

France—From General Charles De Gaulle: 60,000 killed, 300,000 wounded, 1,000,000 prisoners.

Belgium—7,500 soldiers and 10,000 civilians killed.

Russia—United Nations information office, 4,500,000 killed and missing.

China—Military deaths 2,300,000 and civilian losses between 10,000,000 and 12,500,000.

Poland—"Accepted estimates": 200,000 soldiers and 500,000 civilians killed in Warsaw alone, 3,200,000 killed by the Germans, 2,000,000 sent to forced labor in Germany, and 2,600,000 deported from Western Poland to Central Poland.

The newspaper used this figures for Axis nations:

Germany—The October 15, 1943, estimate of Lord Selbourne, British Minister of Economic Warfare, that German casualties were approximately 4,000,000 up to that time.

Japan—Dr. Wei Tao-Ming, Chinese Ambassador to the United States, estimated Japanese casualties in China at 2,662,000. "To these must be added the great number of casualties inflicted by the United States and Australian forces in the Pacific island fighting."

Army and Navy Need More Doctors to Insure Care for the Wounded

The Army and Navy lack an adequate supply of civilian physicians, and assert they require an additional 7,000 medical doctors and 800 dentists "to insure even minimum care of the wounded," on the basis of information from the Army, the Navy, and the War Manpower Commissioner's Procurement and Assignment Service.

Major General Norman Kirk, Army Surgeon-General, is making all efforts to hold the Army's requirements to an absolute minimum, but asserts that adequate preparation must be made for all battle emergencies.

COURSES FOR CIVILIAN DOCTORS

The Army and Navy, because of different needs, use separate processes for civilian doctors commissioned into the reserve. In the Navy, many newly commissioned medical officers are given a nine-week indoctrination course in tropical and naval medicine, subjects not adequately covered in civilian medical institutions. Consideration also is given to the diseases common in war areas, such as typhus, relapsing fever, and nutritional disorders. The course in surgery is restricted to those casualties seen in combat and aboard ship: burns, compound fractures, gunshot and shell wounds.

After completion of this course, doctors are assigned general duty or may volunteer for work in aviation or submarines or with paratroopers. Those who volunteer for paratroop detail go through the jumping training with other troops. These are all volunteer services, and special physical qualifications are set up.

Those doctors who enter the Army also, on a voluntary basis, train to accompany paratroops; to go with air-borne infantry in transports and gliders; to land with troops in combined operations on hostile shores.

ARMY DOCTOR'S TRAINING

However, the bulk of the commissioned Army doctors receive only the training at Carlisle Barracks, Pennsylvania, where they spend six weeks on courses designed chiefly to orient them to Army life, and to acquaint them with the responsibilities and duties of Army doctors.

The course at Carlisle Barracks is divided into the following departments: military art, military training, sanitation, administration, logistics, field medicine and surgery, and chemical warfare. There are also courses in field dentistry and in the duties of veterinarians.

Army doctors find it necessary to handle considerable administrative work which in the Navy falls upon the Hospital Corps. Corpsmen also have their schools and special training. The skill and versatility of corpsmen are illustrated by the pharmacist's mate, who, on a submarine, performed an emergency appendectomy. Work of this kind is by no means within the line of their duty, but the case is cited as a sample of the caliber of the corpsmen in the Navy.

Doctors Frozen to Veterans' Hospitals by Army

Because of growing shortage of doctors in veterans' hospitals, the Army now is enrolling them in active military service and ordering them to remain on their jobs.

In making this known, the Veterans' Administration said many of the approximately 1,400 doctors who are civil service employees in the hospitals have held reserve commissions. But this was not enough to keep them. Some were resigning, waiting sixty days and entering active Army duty.

Under a new agreement between the Veterans' Administration and the War Department, those with reserve commissions are being called up and assigned to their present posts. Also, those without reserve commissions are being

given commissions if they can meet the physical requirements.

It is expected that the remaining civilians who cannot meet Army tests will stay on their jobs. In this connection, the War Manpower Commission announced that doctors and dentists who are salaried employees in essential activities may not change their jobs without approval of the United States Employment Service.

Procurement and Assignment Service for Nurses

As a part of the National Procurement and Assignment Service, War Manpower Commission, the California State Committee for Nurses, through its local committees, will immediately start the classification of all nurses in California. The classification will establish availability for military service or essentiality for civilian nursing service.

Local committees for procurement and assignment of nurses which are responsible for initial classification are composed of representatives of all fields of nursing, as well as official representatives of the hospital association and medical association.

In the near future, each employer will be requested for a list of the nurses in his employ. With the urgent need of meeting the California quota for the military, it is clearly to the advantage of all employers of nurses to give all possible assistance in the work of these committees so that an accurate evaluation may be made of the essentiality of each nurse in her position.

Inquiries may be directed to: California State Committee for P. and A. S. for Nurses, War Manpower Commission, Marian Alford, Chairman, Room 508 (Telephone EXbrook 4046) 26 O'Farrell Street, San Francisco 8, California.

Employers of nurses are requested to furnish the requested information when they receive their questionnaires, not only for the benefit of Procurement and Assignment Service, but for their own benefit as well. This is part of a national program and upon its success will depend the ability of employers to secure nursing personnel for the duration. Your help is needed and solicited.

Draft Calls Sixty Thousand Fathers

Washington, Feb. 17.—Major General Hershey, Selective Service director, said today more than sixty thousand fathers were drafted in January and that a new program for tightening up agricultural deferments now held by 1,700,000 men of military age had the "primary" purpose of putting men where they are "most valuable."

The farm checkup might ease the father draft, but this is uncertain, General Hershey said. . . .

General Hershey estimated that 1,500,000 men were in Class 1-A as of February 1; 2,700,000 still in Class 3-A, which contained almost 7,000,000 last September; 3,200,000 in Classes 2-A and 2-B, and 3,500,000 in Class 4-F.

He said there is a gross deficit in inductions, over the past four months, of 430,000. This will tend to keep monthly inductions at a high rate at least until July 1. He said calls would run about 250,000 a month until July.

Added Precaution Taken to Maintain Health in Army Camps

With the health and welfare of the trainee in mind, added precaution against communicable disease is now being taken at Camp Roberts, California.

Newly inducted men arriving at Roberts are now receiving sulfadiazine tablets, which destroy the germs of spinal meningitis, Lieut. Col. Lester W. Fish, chief of surgical service, recently announced.

The drug, which has been used successfully to combat advanced cases of meningitis for several years, not only protects uninfected individuals, but also kills the germs in the bodies of meningitis carriers, the Colonel pointed out.

The drug is given to trainees in tablet form, two in the morning and two in the evening. With the shots for typhoid and tetanus and the smallpox vaccination, it serves to round out the Army's preventive medicine program for all men entering the service.

Navy Medical Corps Holds Wounds Low

The Navy Medical Corps has increased its sea-going strength over a hundredfold since the start of the war and is holding combat wound mortality far below World War I level, according to Rear Admiral Luther Sheldon, Jr., who stated that much more effective shock treatment, new types of casts, sulfa drugs, and penicillin are given the greatest credit for the improvement.

Medical Journals—For Colleagues in Military Service

In former issues, editorial comment was made on a plan to forward medical journals to the Hospital Stations of Army, Navy, and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Postgraduate Activities—in coöperation with the medical libraries of the University of California, Stanford, and the Los Angeles County Medical Association.

The addresses of the three libraries follow:

University of California Medical Library, The Medical Center, Third and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals via "Railway Express Agency," collect, to: California Medical Association Postgraduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California. Railway Express Agency addresses: In San Francisco, at 635 Folsom (EX 3100); in Los Angeles, at 357 Aliso (MU 0261). The "Railway Express Agency" will call for packages and will collect costs from the California Medical Association. The Postgraduate Committee will forward to camps.

National Foundation for Infantile Paralysis: University of Pennsylvania Center.—The establishment of the first center for the scientific study and development of physical medicine as a branch of medical practice was recently announced by Basil O'Connor, President of The National Foundation for Infantile Paralysis. The center will be in the Graduate School of Medicine of the University of Pennsylvania at Philadelphia.

To set up this center, Mr. O'Connor stated, The National Foundation for Infantile Paralysis has made a grant totaling $150,000 for a five-year period from January 1, 1944, to December 31, 1948. . . .

The Center for Research and Instruction in Physical Medicine will include:

1. A center for development of physical medicine as a scientific part of the practice of medicine.

2. A training center for medical leaders and teachers in this branch of medicine, and

3. A school for training technical workers under the guidance of such professional and scientific leadership, such a school to be only incidental to and dependent upon the first two purposes.

The Departments of Anatomy, Physiology, Pathology and other basic sciences of the University of Pennsylvania will coöperate in this proposed program. The general direction will be assigned to Dr. Robin C. Buerki, Dean of the Graduate School of Medicine.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Western States Public Health League

(Now "United Public Health League")

At the meeting in Salt Lake City on January 29, 1944, representatives from Arizona, California, Colorado, Idaho, Nevada, and Utah were present. At that meeting the name of the organization was changed to The United Public Health League, which name was selected as representing more nearly the type of organization contemplated by the founders. It was reported at that meeting that Idaho, Nevada, Colorado, and California had officially voted, through their state medical associations, to affiliate with the League and that Idaho and California had already appropriated approximately $3 per active member to assist in the financing of the first year of operation.

Those present adopted unanimously a Statement of Principles, outlining the purposes of the League and specifying the noncompetitive basis of its operations. There was adopted a Constitution and By-Laws which set up each State as a separate district, represented on the Board of Directors by one director. The hope was expressed that the adoption of the Statement of Principles and the Constitution and By-Laws would show clearly to all state medical associations that there is no thought of creating a rift in American medicine nor of permitting any one State to dominate the group which is appealing to all States for membership. (For previous references in CALIFORNIA AND WESTERN MEDICINE, see January issue, on pages 27-31, and February, pages 45-47).

* * *

UNITED PUBLIC HEALTH LEAGUE*

(Formerly "Western States Public Health League")

The meeting was called to order by Chairman Murray at the Hotel Utah, Salt Lake City, Utah, at 10:30 a. m., Saturday, January 29, 1944. Present were the following:

Peter Blong, California, President, Public Health League of California.

J. LaRue Robinson, Reno, Nevada Medical Society.

F. B. Jeppesen, Boise, Secretary, Idaho State Medical Association.

Parley Nelson, Rexburg, Idaho, President, Idaho State Medical Association.

D. G. Edmunds, Salt Lake City, Secretary, Utah State Medical Association.

James P. Kerby, Salt Lake City, President, Utah State Medical Association.

Mr. W. H. Tibbals, Salt Lake City, Executive Secretary, Utah State Medical Association.

J. D. Hamer, Phoenix, Arizona, Chairman State Committee on Public Policy and Legislation.

A. H. Sutherland, Rexburg, Idaho, National Physicians' Committee.

D. H. Murray, Napa, California, Chairman, Committee on Public Policy and Legislation.

Bradford Murphey, Denver, Chairman, Public Policy Committee.

John S. Bouslog, Denver, Secretary, Colorado State Medical Association.

G. P. Lingenfelter, Denver, Colorado State Medical Association, President.

L. A. Stevenson, Salt Lake City, Councilor, Second District, Utah Medical Association.

Mr. John Hunton, San Francisco, Executive Secretary, California Medical Association.

Mr. Ben H. Read, California, Executive Secretary, Public Health League of California.

Mr. Hartley F. Peart, San Francisco, Counsel, California Medical Association.

Minutes of the meeting of December 11, 1943, were read. . . .

The Secretary read letters received from three physician members of Congress, commenting favorably on the suggestion of establishing a Washington information bureau through the Western States Public Health League. . . .

The Secretary read letters received from state medical associations in twenty-four states in reply to the letters sent these states on December 17, 1943, concerning the proposal to form the Western States Public Health League.

The Secretary reported that four state medical associations, in Idaho, Nevada, Colorado and California, had reported their official action in joining the League. The California Medical Association reported that its Council had voted unanimously to affiliate with the League and had appropriated an amount up to $18,000 as its share of the first year's operating expenses.

Doctor Lingenfelter then presented copies of a telegram sent by the Colorado State Medical Association to Dr. James E. Paullin, President of the American Medical Association to Dr. Roger I. Lee, Chairman of the A. M. A. Board of Trustees, and Dr. Olin West, Secretary of the A. M. A. These telegrams asked specifically for information on the attitude of the A. M. A. on the question of opening a Washington information office. . . .

A letter of January 19, 1944, from the Oregon State Medical Society, in which the association of that society with the Western States Public Health League was denied, was read and discussed. It was agreed that the call of the December 11, 1943, meeting had been fairly stated as to the purpose of the meeting and that it was to be regretted that Oregon had not seen fit to participate in the activities of the League. . . .

The Chairman called upon Mr. Peart, legal counsel for the California Medical Association, to discuss the matter of tax liability of medical associations in the event those associations participated in the dissemination of propaganda or attempted to influence legislation. Mr. Peart stated that in about 1937 the American Medical Association and some of its constituent state medical associations were removed by the Commissioner of Internal Revenue from the classification of scientific organizations and placed in the classification of business leagues. This change meant, in effect, that these associations were made liable for the payment of Social Security taxes on their pay rolls, but continued to enjoy exemption from the payment of Federal income taxes. The California Medical Association accepted this change of classification. . . .

A discussion of this report brought forth the suggestion that the League seek the coöperation of the American Medical Association in its efforts to establish a publicly known Washington office. In view of the impracticability of the American Medical Association establishing such an office of its own, it was felt that there should be no objection by it to the opening of an office by a group of its members with the interests of the profession at heart.

A proposed Statement of Principles was discussed. After several changes in the draft had been discussed, it was moved by Blong, seconded by Nelson and unanimously carried, that the Statement of Principles be adopted. A copy of this Statement of Principles is attached and is hereby made a part of these minutes.

Discussion of a proposed Constitution and By-Laws was started by Doctor Hamer, chairman of the committee on permanent organization. After discussion it was agreed that the name of the League be changed to The United

* On March 15, 1944, a wire was received from Mr. Ben Read that office space had been opened at the following address: United Public Health League, Room 410 Hill Building, 17th and Eye Streets, Washington, 6, D. C. (Phone National 3328).

Public Health League as a name more representative of the scope of the League. . . .

Mr. Read proposed that a letter be sent to allied groups, such as dentists, pharmacists and others, asking their cooperation in the work of the League. . . .

At this point the Chairman received the nominations of each State for its member of the original Board of Directors of the League. These directors were named as follows: Jesse D. Hamer, Phoenix, Arizona; Dwight H. Murray, Napa, California; George P. Lingenfelter, Denver, Colorado; Parley Nelson, Rexburg, Idaho; J. LaRue Robinson, Reno, Nevada; Lester A. Stevenson, Salt Lake City, Utah.

The Board of Directors retired for its first meeting. . . .

Upon motion by Bouslog, seconded by Sutherland, the representatives present voted an expression of appreciation to California for having secured the information presented and having made it available to the League.

Upon motion by Bouslog, seconded by Blong, an expression of appreciation was voted to Utah for its hospitality in handling this meeting.

At this point the Board of Directors returned to the meeting and announced the election of officers who would serve until the annual meeting of the League in March, 1945. These officers are Dwight H. Murray, chairman; Parley Nelson, vice-chairman; and Jesse D. Hamer, secretary-treasurer. The officers also appointed Mr. John Hunton executive secretary.

Adjournment.

MATERNITY-PEDIATRIC PLAN OF FEDERAL CHILDREN'S BUREAU*

ITEM XLIV

Maternity-Pediatric Form Blanks of the Sacramento County Medical Society

Members of the Sacramento Society for Medical Improvement have reiterated their determination to provide maternity care for the wives of service men, but declared they will not accept remuneration until the Federal Government's Children's Bureau changes its policy which members of the medical fraternity contend is an attempt to subsidize the profession.

The doctors asserted the Federal Government is attempting to insert an opening wedge to bring about socialized medicine and that medical associations throughout the nation are prepared to oppose any such move.

Under the Federal program to provide maternity and pediatric care to pregnant wives and infants of enlisted men, a $50 fee will be paid the attending physician if forms prepared by the Government are filled out by the doctor.

OBJECT TO FORM

Spokesmen for the medical society object to the forms on the ground they are not necessary and are too involved. They have substituted for the twelve-page form provided by the Children's Bureau a one-page form which they have agreed to prepare although still with the proviso that they will not accept fees directly from the Government.

The form suggested by the local society reads in part: (Editor's Note: For Sacramento form blanks, see CALIFORNIA AND WESTERN MEDICINE for January, 1944, on page 31.)

MAY CHOOSE DOCTOR

The representatives of the local medical profession said that under their plan an expectant mother may continue to select the doctor she desires and that nearly forty doctors who do obstetrics are available here for this service.

The local doctors declared they believe the Federal Government should make direct allotments to expectant mothers whose husbands are in the armed service, and allow the women to select their own doctors and pay the physicians the fee agreed upon.

"The Federal Government apparently feels the expectant mothers are not capable of handling an allotment for medical care or the money would be paid directly to the woman," one doctor said. "However, it is obvious it was not the welfare of the mothers, but the opportunity to regiment the medical profession that motivated this scheme."

"NOT CHARITY CASES"

Representatives of the medical society declared they do not agree that, by accepting free medical services, the wives of service men become "charity cases." They insisted there is no question of finances involved in their stand, but only one of "principle."

The doctors also contend they see no difference between women receiving treatment without cost from members of the medical profession or having the services paid for them from Federal tax funds.

Pending a decision on whether private hospitals will be paid for the hospitalization of service men's wives if the doctors refuse to accept fees from the Government, the local doctors said the women will continue to receive this care and that "no one will suffer."—Bert Vaughn, in Sacramento *Bee*.

* * *

ITEM XLV

9,328 Soldiers and Sailors' Wives Given Medical Care By California

Medical care for 9,328 patients has been authorized during the first six months to January 1 of the operation of the Emergency Maternity and Infant Care (EMIC) program was stated in a recent announcement of the State Department of Public Health.

A report issuel by Dr. Jessie M. Bierman, chief of the Bureau of Maternal and Child Health, stated that the patients were cared for by 378 physicians in private practice and 239 California hospitals who are coöperating with the State and local health departments to provide maternity care for wives of service men and medical care for their sick infants.

Local health departments in the Los Angeles area have issued authorizations for the care of 2,630 patients. Next highest are the Sacramento city and county health departments with 654 patients followed by the health departments in the Fresno area with 638 patients. . . .—San Francisco *People's World*, January 13.

WAGNER-MURRAY-DINGELL BILL

(S. 1161; H. R. 2861)

Reader: Have you written your Congressman? You will find his name and Washington address in the November issue of "California and Western Medicine," on pages 284 and 285. The time to act is now! As one of your Congressman's constituents, acquaint him with your point of view. Every physician owes this to the welfare of his fellow citizens, his profession, and himself.

For additional information concerning Wagner-Murray-Dingell bill (S. 1161), see department of Committee on Public Policy and Legislation in previous issues of "California and Western Medicine."

* * *

Forum of Pros and Cons on S. 1161

Nearly all physicians have come to their own opinions concerning the Wagner-Murray-Dingell bill (S. 1161). The majority of doctors believe that a regimented govern-

* Maternity-Pediatric items listed in Roman numerals. CALIFORNIA AND WESTERN MEDICINE for July (Items I to XVIII); September, pages 178-182 (Items XIX to XXIII); October, pages 226-231 (Items XXIV to XXX); November, pages 282-284 (Items XXXI to XXXVII); December, page 342 (Items XXXVIII and XXXIX and page 304), January, pages 31-32 (Items XL and XLI); February, pages 76-77 Items XLII and XLIII).

mental system of medical practice will result in medical care of a quality much lower than that of existing standards. Unfortunately, proponents of socialized medicine seem unable to appreciate the significance of that fact.

Because proponents of the Wagner bill wield much influence among voters, it is well to know how they think and write. Some excerpts on both sides of the question follow (Editor):

* * *

I. Statements Against the Wagner Bill (S. 1161)

* * *

Socialized Medicine and Resultant Bureaucracy

An address on the Wagner-Murray bill (S. 1161) was given at a recent meeting of the Monterey County Medical Society. The guest speaker was Dr. John W. Cline of San Francisco. A representative of the *Salinas Californian,* Bernice Batterton, made the following report thereon:

Senator Robert F. Wagner's bill—Wagner-Murray-Dingell bill (S. 1161)—now in the Senate, to provide for socialized medicine, was described before the Monterey County Medical Association as "Bismarck's Golden Chain of Slavery" for the American taxpayer.

Dr. John W. Cline of San Francisco presented the picture of Germany's early "social security" as a golden chain around the necks of the German workers, and characterized the proposed socialization of medicine in the United States as a chain of fool's gold which will lead us to the same sorry pass as that of the German people if it becomes a law.

The totalitarian State starts out as a welfare administration, he pointed out. It promises the more abundant life. It insures the individual against every enemy but his rulers.

It tells the shiftless they have been exploited. It is the friend of the poor man. It promises something for nothing, that men may reap where others have sown.

THE COST

The cost of political medicine annually has been estimated at $3,048,000,000 in the United States. The Wagner bill proposes to raise annually by taxation, mostly from pay rolls, approximately $12,000,000,000. Of this sum, $3,048,000,000 is to be allocated to provide medical care by the Government.

It instructs the Surgeon-General of the United States, as a one-man health czar, to provide general and special medical care, laboratory tests and hospitalization for all beneficiaries of the Social Security Act and their dependents . . . estimated at 110 million people.

It is obvious, local doctors commented, that these proposals, if they become law, will destroy the entire system of medical care as we have known it in the United States.

Under the American system, American medicine and American doctors have developed the most effective and most widely distributed medical care that has ever been provided in any country in the world.

In the past 150 years the average life-span in America has been nearly doubled. In 1790, the average was 35 years. Today it is 62 years.

A child born in 1942 has the prospect of living twelve years longer than a child born in 1900.

In the past forty years the death rate per 100,000 people has been reduced from 1,755 to 1,060.

During the same period, typhoid fever has almost disappeared. Smallpox has been subdued. Diphtheria has been almost conquered. Pernicious anemia, tuberculosis, diabetes, and lesser ailments are brought under control.

Under the Wagner act, doctors would be paid by the Government. Presumably they would work eight hours a day instead of twenty-four.

POLITICAL MEDICINE

There would be little incentive for a doctor to become skilled in the art of medical practice. His advancement would depend upon political influence, rather than his skill or character.

He could not use any initiative . . . he would have to adopt the methods and prescribe the treatments and medicines determined by superiors.

State medicine, political control of medical service, always has, always will develop doctors who are politically amenable, who cater to politicians rather than the needs of human life.

For the doctor, political control of medicine means incompetence, professional deterioration, and the forfeiture of self-respect.

Medical care should be provided by doctors, not by bureaucrats.

These were the opinions expressed by Doctor Cline when he urged support be given the fight against control of all professions and industry by the Government, and the resultant destruction of freedom of enterprise in the United States.

The issue is up to the voters, Doctor Cline pointed out, and urged all who believe in the preservation of liberty and individual freedom to write or wire their Congressmen and Senators before the bill comes to a vote.

* * *

Uncensored

In the Visalia *Times-Delta,* Leone Baxter recently presented her views on S. 1161:

When a pay-roll tax bill demanding a new and weighty cut from the wage-earner's pay envelope is unopposed in Congress on that score, only two conclusions may be drawn.

Either it must be a very good bill indeed or it must embody even less popular provisions than pay-roll levies, if any such can be envisioned.

A formidable piece of legislation now pending in Congress calls for 12 billion dollars annually—most of it through a new pay-roll tithe. And unaccountable as it may seem, that enormous tax toll—which would mean $120 a year from every family in the land—is not bringing the Congressmen out of their seats to disclaim against that phase of it nor snowing the sponsors under with mail from a protesting populace.

The protests reaching Washington are grounded not in politics, but in principle—democratic principle.

In the guise of extended social services, the big tax bill provides, in effect, for almost wholesale relinquishment of individual responsibilities of citizens. It proposes to place in the hands of a "Surgeon-General of Public Health" the power to hire doctors—possibly all doctors—at fixed salaries, to provide medical service to the public.

The Surgeon-General of Public Health would designate which doctor should be specialists, determine the number of people to whom a doctor might give service and name which hospitals and clinics might provide service for patients.

In short, S. B. 1161, introduced by Wagner of New York and Murray of Montana, would empower one political appointee and his staff to preside over all general and special medical care, laboratory tests and hospitalization for all beneficiaries of the Social Security Act and their dependents—about 110 million people!

If American doctors, under the American system, had not turned in a fair account of themselves down through the years, there certainly would be cause to consider a new experiment. But the medical record shows the highest level of health and the lowest death rate ever known for a like number of people under similar conditions. The score is incomparable and unexcelled.

To place the American doctor in a position where his work and his service to mankind depend on his politics is unthinkable.

To build one more million-dollar political bureau with autocratic authority over the grave problems of medical science is ridiculous.

To relieve the people (at a price!) of one more important set of personal responsibilities is to relieve them simultaneously of one more vital set of individual rights. And far too many rights already have been lost to centralized and incompetent authority in the great masquerade for "easier living"—that delusion whose ponderous cost in cash is only exceeded by its inescapable cost of principle.

* * *

Will Medical Practice Be Run From Washington?

Does the country desire the federalization of the practice of medicine?

If not, a very near approach to some such system is contained in the Wagner-Murray-Dingell bill, now before Congress.

Under this bill, the insurance, unemployment and old-age benefits provided in the Social Security Act would be extended to include medical care.

Limited hospitalization also is included in the provisions of the measure.

The terms of the bill would set up a nation-wide system of panel medicine under the control of the Surgeon-General of the public health service, assisted by a national advisory medical and hospital council of sixteen members. The council would be *appointed* by the Surgeon-General from a list of names submitted by various medical and hospital organizations.

This council would *advise* the Surgeon-General with reference to salaries to be paid, hospital charges to be allowed, standards of medical practice, etc.

It also would advise the Surgeon-General as to what local practitioners were to be classified as specialists and also how much they should be remunerated for services rendered.

Any physician legally qualified to practice medicine would be eligible to sign up to serve as a group doctor.

Theoretically, there would be no compulsion in the matter. Actually, however, medical men feel there would be compulsion. In the first place, more than half the population of the country would be included in the plan, and secondly, very unfavorable publicity might attach to those medical men who refused the Surgeon-General's invitation to participate.

Nor does it seem likely the private practice of medicine in vogue in the United States could survive very long in competition with such a plan of tax-supported and paid medical attention.

And that brings up the question of costs.

How is such a grandiose scheme to be financed?

It is proposed to amend the Social Security Act so 6 per cent of every employee's salary up to $3,000 shall be withheld from his pay envelope. This is to be matched by a contribution from the employer.

It is estimated the tax would raise $3,000,000,000 a year.

And one man would be given practically unrestricted administration of this tremendous sum.

No one denies there are defects in the existing system of ministering to the sick. But this proposed cure, creating as it does a great Federal medical machine at enormous costs to the taxpayers, appears to be a worse evil than any ills which exist.—From an article in the *Modesto Bee*.

* * *

"Folsom City Telegraph" Reaction

Re: Medical Care—Expecting Too Much

American doctors are unalterably opposed to the establishment of a Government-dominated medical system. Typical is the comment of Dr. Edward Cary, former president of the American Medical Association, who declares that: "This country has been drifting away from competitive enterprise, without which the present high standards of American medicine could never have been reached. Socialization of medicine or any other profession would start us backward to the dark ages."

Proponents of socialized medicine cannot expect the very same doctors who now vehemently protest the destruction of their freedom, to don the shackles of legislation such as the Wagner-Murray bill and continue to serve with unimpaired efficiency. The doctors have a tradition of freedom behind them just as have the rest of us. They are used to living in and being part of a society of free men. In proposing to set them apart from this society, we have confronted them with an appalling prospect. Is it any wonder they rebel? Who wouldn't.

We cannot destroy the economic freedom of doctors any more than we can destroy the freedom of any other group and expect unrestricted medical achievement. This fact might as well be faced. All the laws and bureaucratic decrees in the world won't give the nation first-class medical service. Only the doctors can do that; and they can only when there is opportunity for individual progress and achievement.

* * *

II. Statements in Favor of the Wagner-Murray-Dingell Bill (S. 1161; H. R. 2861)

* * *

Security Board Urges Medical Insurance Plan

A Washington dispatch of January 17, 1944, stated that the Social Security Board recommended, for the first time, Federal insurance to cover doctor and hospital bills.

In its eighth annual report to Congress, the Board said such insurance should allow a person to choose his own doctor or hospital, and preserve personal relationships between physicians and their patients.

It also should maintain professional leadership, the Board said, guarantee the continued independence of nongovernmental hospitals, and insure to doctors and hospitals an adequate financial return—"very probably more nearly adequate than that in customary circumstances."

SEE SUDDEN SOCIAL CHANGE

The proposal was made as a part of a "comprehensive unified system" of social security which the Board, headed by Arthur J. Altmeyer, believes ought to be adopted to get ready for the "sharp and sudden" social changes and readjustments which it says are around the corner.

"Whether one believes the war will end in one year or five," the report says, "the time in which to build a stronger system of social security is short."

OTHER PROVISIONS ADVOCATED

The program outlined today includes the following provisions which the Board has advocated before:

Extension of the present social security system to about 20,000,000 more persons, such as farmers, domestics, and the self-employed; insurance against temporary or permanent disability; a national unemployment insurance system to replace the fifty-one systems of the states and territories; and protection of the social security rights of the armed forces.

If these provisions were added to the present old age and survivors' insurance, the program for the first ten years would cost 12 per cent of earnings, divided between employers and workers, the Board estimated. After ten years, as larger amounts are paid out to aged persons and survivors, the cost would go above 12 per cent, and the Board recommended that the excess be met by a Federal contribution.

The Board expressed belief that "the lack of adequate measures to cope with sickness and disability represents the

most serious gap in provisions for social security in the United States."

* * *

Senator Murray Links American Medical Association To Foes of Social Medicine

The long-standing controversy over group medicine flared anew recently as Senator James E. Murray, Democrat, Montana, accused the American Medical Association of issuing "propaganda" to misrepresent medical care provisions of his bill for an expanded social security system.

He charged the American Medical Association set up in Chicago the organization called the National Physicians' Committee, which is seeking to "distort and falsify" his measure. The bill, by setting aside 3 per cent of a worker's wage, would entitle him to services of a general practitioner and, if needed, to more specialized treatment, including thirty days hospitalization annually.

BACKS UP THE COMMITTEE

The American Medical Association promptly issued, from its Chicago headquarters an official statement denying any connection with the Physicians' Committee, but it took occasion to back up the Committee's stand against the medical care features of Murray's bill. The American Medical Association recalled its House of Delegates approved the efforts "not only of the National Physicians' Committee, but of any other organization that will aid in defeating this pernicious legislation." . . .

CITE GALLUP, FORTUNE POLLS

Senator Robert F. Wagner, Democrat, New York, joined Murray in noting that the Gallup poll found 50 per cent of the people polled in favor of the bill, 29 per cent opposed, and 21 per cent undecided. A *Fortune Magazine* poll was said to have found 84 per cent favorable. . . .

In Dallas, Texas, Dr. E. H. Carey, president of the National Physicians' Committee, charged group medicine legislation sponsored by Murray is the "first attempt to socialize everything in this country."

* * *

"My Day"

In her column, "My Day," E. R. (Mrs. Eleanor Roosevelt), under the caption, "National Social Insurance Would Be Big Aid in Improving Health," advocates:

Washington. — One of the things that I particularly wanted to mention in relation to our Social Security program is the fact that we have no nation-wide social insurance measures to protect American families against disabilities and sickness. The Social Security Board believes that health and medical care have an important place in any comprehensive and adequate program of social security.

It is true that in the past half century we have raised the standard of physical well-being and extended the average length of life, but that does not mean that there are not many parts of the country where people have just as little chance of survival as they had fifty years ago. This is especially true of rural areas and, of course, it is obvious that it is always truer among the poor than among the rich.

It is significant to note that the general death rate among boys and men of working age has been found to be nearly twice as high for unskilled laborers as for professional men, managers, proprietors, and officials.

The draft showed us our failures where health is concerned. It seems to me that it also shows us that we needed unemployment insurance operated on a Federal basis, as well as public assistance grants which would be higher in the states with lower than average per capita income. The reason for this is that the low-income groups can neither afford medical care nor a proper diet. Nor can they afford decent housing and clothing. All of this contributes to lower health standards.

It may seem to some people that when a country is in a war it should not assume greater social burdens. But unless one does assume them the war will not seem to have brought many people much that is worth fighting for. . . .

* * *

Wagner Bill Opponents Hit At Medical Care for You

To indicate how some supporters of the Wagner bill (S. 1161) feel regarding that measure, it may be well to read what Helga Weigert, Health Director of C. I. O. Council in Los Angeles, wrote in regard to the proposed legislation in a recent issue of the San Francisco *Labor-Herald:*

Medical care for one hundred million people is exactly what the passage of the Wagner-Murray-Dingell bill (Senate Bill 1161) would mean. This is also exactly what opponents of the bill are frantically trying to keep from happening.

It is a well-known fact that few of the social security features of the bill arouse attacks comparable to those levelled at the compulsory health insurance part of the bill. . . .

The major attacks against the bill as being un-American, taking away our highly prized individuality and independence, making slaves of doctors and patients alike, are directed at the health insurance features of the bill. The American Medical Association and its lobby, the National Physicians' Committee for the Extension of Medical Service are the ringleaders in this fight. They are joined by the spokesmen for the voluntary hospitals, the commercial insurance companies, and the most reactionary sector of big business. . . .

It is easy to see where the people will stand on this question, but it is also necessary to recognize what a tough fight the people will have to make this bill the law of the land. Money is no issue for those who wish to confuse the thinking of the people. Only the most militant expression from those who wish for the realization of this bill can counteract the long-planned and carefully organized campaign against the bill.

Personal letters and resolutions from your unions to Senator Wagner can bring the bill out of committee for hearing. This is a real issue of the many who need health protection against the few who have a vested interest in distributing it according to their own concepts. Health, too, has become a monopoly. Only the people can break it by demanding the passage of S. 1161.

* * *

Health Conference Sets Up Program for Workers' Welfare

Five-Point Agenda Calls for Active Coöperation in Safety Procedure and Endorsement of Health Efforts: As Reported By San Francisco "American Labor"

San Francisco.—As a result of the Union Health Conference held Sunday, January 16, at the San Francisco Civic Auditorium, Bay area unions are lined up to work out a solution on health-care problems. The conference was sponsored jointly by the A. F. L., C. I. O.. and Railroad Brotherhood unions and local health groups.

A group of resolutions was adopted to lay the groundwork for down-to-earth union participation in a broad health program which will involve management coöperation in some cases, joint action with health agencies and labor backing of group health plans.

MURRAY-WAGNER BILL

Particular emphasis was placed on the necessity for passage of the Murray-Wagner-Dingell Bill (S. 1161), which will give everyone medical care paid for by small pay-roll deductions.

To carry out Conference recommendations, an Inter-Union Continuations Committee was set up, together with a Medical Advisory Committee of doctors and health workers.

Delegates representing hundreds of thousands of workers in this busy war area made it clear that lack of proper medical care, health hazards on the job and the high cost of illness is a problem that looms large in the thinking of unionists.

PROPOSALS AGREED UPON

Among proposals and recommendations agreed upon were:

1. Setting up by unions of safety committees in each plant or shipyard on which management safety department representatives will be asked to serve so there will be labor-management consultation on prevention of accidents and joint labor-management safety educational material.
2. Union-sponsored checkups, particularly x-rays and blood tests.
3. Labor coöperation with management and Federal agencies to bring about hot lunch programs for war workers. The initiative of the Bay Cities Metal Trades Council's Food Committee in working for such a program was held up as an example of good work in this direction.
4. Endorsement of the California Physicians' Service and the Kaiser Health Plan, urging immediate union participation in these and other existing group care plans.
5. Endorsement of the Murray-Wagner-Dingell bill and a call to unions to support a campaign for its passage.

These and other recommendations will be turned over to the Continuations Committee. . . .

* * *

The Battle for Health Is On

In a recent issue of the San Francisco *People's World*, John Meldon, under the above caption, presented the following:

Just a little over a year ago, Dr. Thomas Parran, Surgeon General of the United States Public Health Service, issued a stern warning to the public and the nation's medical profession:

"There must be no medical Bataan on the home front. Only the wisest uses of our resources and the utmost devotion to the common cause will suffice."

We are not yet in the disastrous position of a medical Bataan, but these are danger signals in the wind:

American medicine is in the grip of an ultra-reactionary group of leaders heading the American Medical Association. The A. M. A. has fought tenaciously to uphold in wartime an archaic system of peacetime medical practice, which, in effect, has resulted in preventing "the wisest use of our resources and the utmost devotion to the common cause. . . ."

The situation in a nutshell is this: Almost half of the nation's doctors, nurses, and medical technicians are in the armed forces, while, due to wartime conditions on the home front, the need for medical care has increased enormously.

Dangers of ills in endemic and epidemic form are on the increase. Civilian doctors and nurses are overworked, while hospitals and clinics are taxed beyond capacity.

REACTIONARIES BLOCK FEDERAL MEASURES

The wave of respiratory illnesses, tagged variously as grippe, "cat fever," or flu, which has been sweeping the nation in recent weeks has brought sharp attention to the need for a greater use of our medical forces and facilities and, above all, for a Federal form of health control.

A plan for nation-wide health service is envisioned in a bill now before Congress—the Wagner-Murray Dingell bill (S. 1161 and H. R. 2861). Despite some limitations in the nature of the measure—and they are very minor shortcomings, indeed—it is being fought in almost hysterical fashion by medical leaders in the American Medical Association, and Doctor Parran's plea to the medical leaders of this country for the "widest use of our resources and the utmost devotion to the common cause" has fallen upon deaf ears.

The American Medical Association, backed by an assortment of reactionaries, such as the American Bar Association, the National City Bank, the innocuously titled Insurance Economic Society of America, the National Physicians' Committee for the Extension of Medical Service, and the United States Chamber of Commerce, has declared an all-out war against the Wagner-Murray measure.

Meanwhile, those subservient appendages of the American Medical Association—the numerous state and county medical associations—have joined in the tory chorus.

Powerful insurance companies are lending their support to the drive to discredit and prevent passage of the measure. The country is being flooded with pamphlets deliberately falsifying the nature of the Wagner-Murray-Dingell measure, charging its passage would bring about "political control" of medicine and place American doctors in the hands of Federal "bureaucrats," that it would be too "costly."

The Wagner-Murray-Dingell bill is anything but the specter the American Medical Association has feared for years—socialized medicine. The measure would simply extend the now-in-force social security system in this country and, through increased social security payments, provide for the medical care of every man, woman, and child.

Under this measure, the Government would take over responsibility for the general health of the nation.

HOW GOVERNMENT CONTROL WOULD WORK

It would work in this fashion: Inasmuch as every worker in the country would be eligible for this form of health insurance if the bill passed, he or she would not hesitate to seek medical care immediately as it was needed. The relationship between doctor and patient would remain as it is today. Every patient could choose his doctor and each doctor could accept or reject a patient.

However, the patient would not have to pay the doctor directly. The latter would send his bill to the local social security board and receive prompt payment from that Government agency. Under the present Social Security laws, approximately 25,000,000 of the population—farmers, domestic workers, small business people, etc.—are excluded from the unemployment benefits of the laws. The Wagner-Murray-Dingell bill would include these 25,000,000.

The measure is the broadest health plan ever to reach the stage of proposed legislation. It would provide every member of the family with every phase of medical care: hospitalization, specialists, laboratory and consultant service, x-rays, eye-glasses, or anything and everything pertaining to medical care.

UNITED STATES INTERVENTION SUPPORTED BY LABOR

Actually, the Wagner-Murray-Dingell measure is much broader than the medical provisions mentioned here. . . .

The Wagner-Murray-Dingell bill has the whole-hearted support of the C. I. O. and A. F. L., as well as the blessing of progressives throughout the country. Many liberal-minded physicians and doctors' groups, among them the highly respected Committee of Physicians for Improvement of Medical Care and the Physicians Forum see in the bill one of the greatest steps in national health ever planned.

The reactionary campaign against the bill will increase. Too little has been said in support of its passage by the trade unions, the public, and progressive leaders. Passage of the Wagner-Murray-Dingell bill is imperative. A healthy nation can produce and fight better. A healthy people can build a stronger, healthier democracy.

Organized Patients Can Cure Sick Medical Practice

Medical practice in America has been, for quite a few years, a prime contributing factor to that increasing army of citizens who walk around the street talking to themselves.

In the first place, the people who were sick could not afford to pay the doctors; in the second place, the run-of-the-road doctors could not make a living. They worked themselves to death treating the sick for nothing, and averaged about $1,500 a year in pay—which did not keep them in hay for Dobbin.

To round out the picture, there was the hierarchy of United States medicine who had the carriage trade sewed up, and made all kinds of money treating well-healed hypochondriacs for crystallization of the dackbacks. These pent-house practitioners not only scooped all the cream off the bottle, but also controlled the American Medical Association, which therefore has, in all attempts at socializing United States medicine, thrown a golden monkey wrench into the wheels.

Such group medicine plans as the Kaiser Health plan, the California Physicians' Service (in some war housing projects) and similar plans to (*a*) heal the sick and (*b*) pay the doctor, too, have been greeted by the American Medical Association with about as much enthusiasm as a whiskey salesman at a W. C. T. U. convention. And when Senators Wagner, Murray, and Dingell offered a bill to socialize medicine on a national scale the American Medical Association practically had to treat itself for apoplexy.

THE LAST REFUGE

They called sickness "the last refuge of free self-expression for the individual," which is about the corniest statement to come out in answer to a critical social need since Marie Antoinette said, "Let 'em eat cake" when the starving Frenchmen cried for bread.

But then the Frenchmen didn't have a union. Which brings us to the Civic Auditorium and the Union Bay Area Health conference. It was the third time in the history of the United States that such a meeting had been held. The people went to the doctors in an organized body. And the doctors met them halfway! Leading physicians of the area met with delegates from the A. F. L., C. I. O., and Railroad Brotherhoods and talked over their common problems.

Helga Weigert, director of the Health Division of the Los Angeles C. I. O. Council, spoke of compulsory insurance as the only way of bringing medical care to the people. She said that it was a fundamental of the President's eight-point Economic Bill of Rights.

WAR HAS HELPED

She cited statistics to show that before the war, although there were enough physicians in the United States, the people who needed care could not afford it and the physicians could not make a living by giving out free services. Ironically, the war has reversed the picture. Now the people have the money for care, but there are not enough doctors.

The West Coast, she said, was engaged in a courageous experiment. The California Physicians' Service (supported by the California Medical Society) and the Henry J. Kaiser Health Plan have been making special and important group health improvements. By prepayment methods, spread over a large group, and fixed salaries for physicians, these two systems have boosted war workers' health (and, therefore, war production) to an astonishing degree.

A proper group medicine plan can provide adequate facilities in so far as the ownership and operation of hospitals are concerned, group practice in which specialists and general practitioners come together and operate as a unit, research, etc. This is proved in the Kaiser plan.

KEEPING HEALTHY

One of the key benefits in such group-health plans is the fact that people go to their doctors before they grow dangerously ill. Thus, they get far more preventive treatment than the average citizen.

These plans are only samples of what must be done. The Murray-Wagner-Dingell bill would spread the practice nationally. It is designed to help promote freedom from fear and freedom from want, and in its extension of social security benefits it is, according to Secretary of Treasury Morgenthau, an anti-inflation bill.

Miss Weigert pointed out that, in this matter, we are no international pioneers; Canada, Paraguay, Colombia, and Mexico—among our neighbors—have already passed similar bills.

Altogether it was quite a meeting. It takes a doctor to cure disease. It takes organized workers to cure the sick United States medical practice.

Apparently, that is just what they plan to do.—Mason Roberson, in San Francisco *People's World*, January 27.

PRIZE CONTEST: SAN FRANCISCO SURGICAL SOCIETY

San Francisco Surgical Society Announces Prize Contest on Original Work in Experimental or Clinical Surgery—Contest Open to Young Physicians in San Francisco and Vicinity.—The San Francisco Surgical Society wishes to announce an annual contest in the field of general surgery open to young physicians in San Francisco and vicinity. Two prizes are offered: First prize $150 and second prize, $100.

The conditions of the contest are as follows:

1. The author must be a physician in the field of general surgery, who is in the period of graduate training, and not more than six years removed from graduation from medical school.

2. The author must reside (at least temporarily) within a radius of fifty miles of San Francisco.

3. The paper submitted must represent original work in the field of experimental or clinical surgery, but not necessarily based upon an original idea. The author may be aided by associates.

4. The paper *must not have been presented or printed*, as submitted in its final form, prior to submission to the Society.

5. All illustrations must be original and be provided with ample legends and identification marks to make them easily understood.

6. All references to the literature or other sources of information cited must be listed in a manner conforming to the abbreviations and order used by the Quarterly Cumulative Index Medicus. Diction, brevity, and simplicity of written presentation will be considered factors of value.

7. The paper must be submitted without marks which would identify the author, hospital, or institution of origin. A sealed, nontransparent envelope, enclosing the name and address of the author, must be furnished. The paper is to be sent to the Secretary of the Society (Dr. John W. Cline, 490 Post Street, San Francisco, 2, California), and the return address must also be that of the Secretary of the Society. The Secretary will remove and retain the sealed envelope and transmit the paper to the Committee on Awards.

8. Prize-winning papers will be presented by the authors at a meeting of the Society or an open meeting, and in the manner designated by the Council of the Society.

9. Papers submitted must be in the hands of the Secretary not later than June 30 of each year.

10. If the papers be published, they shall be designated as the prize-winning essays of the San Francisco Surgical Society.

11. A first prize of $150 and a second prize of $100 shall be awarded annually. If the papers submitted are not of proper standard, the Committee on Awards may recommend that no award be made. Action by the Society shall be final.

Ventricular tap is a valuable aid in lowering some patients' blood pressure, particularly when there is evidence of extreme intracranial pressure as evidenced by marked papilledema.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (79)

Alameda County (1)

Lee, Janet Chan, *Oakland*

Kern County (2)

Eaton, W. H., *Bakersfield*
Johnson, Gilbert H., *Bakersfield*

Los Angeles County (54)

Bigler, Roscoe B., *Los Angeles*
Blampin, Winifred A., *Santa Monica*
Bray, Olin Doane, *Pasadena*
Brown, John Miles Evans, *Lynwood*
Cagney, Harry Vincent, *Los Angeles*
Carney, Samuel D., *Pomona*
Clark, Harvel Butler, *Pasadena*
Colley, Richard Ames, *North Hollywood*
Davidson, Lawrence Leroy, *Santa Monica*
Davis, Barnard, *Los Angeles*
Detwiler, Newton Howard, *Hawthorne*
Dickson, James Douglas, *Los Angeles*
Dubrow, James Leon, *Los Angeles*
Ellsworth, Amos D., *Long Beach*
Esau, Anne, *Burbank*
Fainer, Emanuel Montague, *Los Angeles*
Freeman, Hal Elson, *Long Beach*
Glickman, Milton, *Beverly Hills*
Goldman, Milton, *Van Nuys*
Gunn, Gordon A., *Burbank*
Hale, John M., *Inglewood*
Harris, Kenneth E., *Long Beach*
Hiemstra, Wybren, *Los Angeles*
Hillman, Francis E., *Los Angeles*
Homann, Ralph E., Jr., *Los Angeles*
Horwitz, Moris, *Beverly Hills*
Jennings, Mary Hill, *Los Angeles*
Johnson, Ralph M., *Los Angeles*
Jones, Walter Matthew, *Los Angeles*
Kaller, Robert G., *Long Beach*
McCoy, Bernice, *Whittier*
McDonald, Donald Frasier, *Los Angeles*
McGregor, Lorenzo W., *Los Angeles*
Miller, Richard Davis, *Pasadena*
Millitzer, Marian Monica, *Long Beach*
Mirovich, Joseph Irving, *Los Angeles*
Nielson, Frances Nan, *Los Angeles*
Paulson, George Arthur, *North Hollywood*
Prucher, Louis R., *Santa Monica*
Riccardi, Peter, *Avalon*
Riskin, Alexander M., *Los Angeles*
Saltzman, Zailik P., *Los Angeles*
Scheck, Kay C., *Los Angeles*
Schindler, Rudolph, *Los Angeles*
Schroeder, Herbert H., *Wilmington*
Sinay, Max, *Long Beach*
Smith, Lloyd F., *Monrovia*
Steindor, Eleanor L., *Pasadena*
Studebaker, John F., *South Gate*
Thomas, Gilbert Joshua, *Los Angeles*
Turner, Jesse H., *Los Angeles*
Vogel, Esther E., *Glendale*
Waegele, Vera C., *Los Angeles*
Wakefield, Rogers F., *Pasadena*

Marin County (2)

Akers, E. David, *San Quentin*
Leland, John T., *Mill Valley*

Monterey County (1)

Clark, Howard, *Monterey*

Orange County (1)

Crain, A. N., *Santa Ana*

San Bernardino County (3)

Baird, Chauncey, *San Bernardino*
Hirst, Albert E., Jr., *Loma Linda*
Reekie, E. Keith, *Redlands*

San Diego County (5)

Felt, Frank Ray, *Ocean Beach*
Krause, Albert H., *San Diego*
Niehaus, Ralph F., *San Diego*
Warner, Harold W., *San Diego*
Wenig, Jacob, *Chula Vista*

San Francisco County (2)

Aggeler, Paul M., *San Francisco*
Stewart, Kathleen K., *San Francisco*

San Mateo County (2)

La Motte, John L., *Halfmoon Bay*
Mandell, Harry, *San Bruno*

Santa Clara County (2)

De Feo, Henry O., *Palo Alto*
Hohl, John M., *San Jose*

Sonoma County (1)

Clark, Milton F., *Cloverdale*

Stanislaus County (2)

Den Dulk, William, *Modesto*
Schmidt, Ruth, *Modesto*

Tulare County (1)

Pineles, Deborah, *Visalia*

Transfers (11)

Clark, George W., from San Bernardino County to Alameda County.

Clark, J. H., from Los Angeles County to Monterey County.

Dewey, Hartley G., from Merced County to Los Angeles County.

Jue, William Poy, from San Francisco County to Alameda County.

McGregor, Mar W., from San Francisco County to San Bernardino County.

Murphy, Elizabeth A., from San Francisco County to Alameda County.

Ostroff, Robert A., from San Francisco County to Los Angeles County.

Pierce, Glenroy N., from San Joaquin County to San Francisco County.

Simpson, Edmund E., from Butte-Glenn County to Sacramento County.

Terrance, Susan, from Solano County to Alameda County.

Tipton, Samuel P., from Santa Cruz County to San Bernardino County.

Resignations (3)

MacPherson, Douglas G., *San Francisco County*
Phelan, Claude A., *San Francisco County*
Schmeckebier, Mary Mable, *San Francisco County*.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

In Memoriam

Gray, Everett Edwin. Died at Marysville, February 6, 1944, age 56. Graduate of the Cooper Medical College, San Francisco, 1911. Licensed in California in 1911. Doctor Gray was a member of the Yuba-Sutter-Colusa County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Manning, William Rodman. Died at Fillmore, January 10, 1944, age 68. Graduate of the University of Southern California School of Medicine, Los Angeles, 1902. Licensed in California in 1908. Doctor Manning was a retired member of the Ventura County Medical Society and the California Medical Association.

✠

Roblee, William Wallace. Died at Riverside, January 25, 1944, age 71. Graduate of the Cooper Medical College, San Francisco, 1895. Licensed in California in 1896. Doctor Roblee was a member of the Riverside County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Somers, Howard. Died at Morgan Hill, January 21, 1944, age 64. Graduate of the Cooper Medical College, San Francisco, 1904. Licensed in California in 1904. Doctor Somers was a retired member of the San Francisco County Medical Society, and the California Medical Association.

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Vincent, Ward Robert. (Lieutenant, j. g.) United States Marine Corps. Died while on active service somewhere in the Southwest Pacific, October, 1943, age 30. Graduate of Harvard Medical School, Boston, 1939. Licensed in California in 1940. Doctor Vincent was a member of the Ventura County Medical Society and the California Medical Association.

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OBITUARIES



William Wallace Roblee
1872–1944

Early in the morning of February 24, 1944, at the Riverside Community Hospital, the earthly career of William Wallace Roblee came to a close, ending a life of faithful service to his profession, his community, his friends, and his family. He leaves a widow, Mrs. Beulah Roblee; six children and six grandchildren, as well as a host of friends, to mourn his loss.

William Wallace Roblee was born in Butler County, Iowa, February 2, 1872, to Milo and Frances Roblee. He later went to Kansas, and from that State moved to Oakland, California, where he acted as physical director of the Y. M. C. A., and began his medical education.

In 1895 he was graduated from Cooper Medical College, now Stanford University Medical School, and immediately commenced practice in Riverside, where he remained until his death. Shortly after coming to Riverside he married Miss Beulah Hewett. After a few years in practice he went to Vienna for postgraduate study, paying particular attention to the fields of bacteriology and pathology.

At the outbreak of the Spanish-American War, Doctor Roblee enlisted, and served with the rank of captain. In the First World War he again enlisted, with rank as major, being in charge of the Newport News Embarkation Hospital in 1917-1918.

His keen mind and his ardent desire to keep abreast of all that was new and best in medicine made Doctor Roblee one of the outstanding physicians in Riverside County and, indeed, of the entire State. His wise counsel was valued by his colleagues, and particularly by the younger men, toward whom his attitude was always helpful and sympathetic. One of the activities which gave him the most satisfaction, and which was of inestimable value to the physicians of California was his years of service on the Council of the California Medical Association. He began as a Councilor, served three years as Speaker of the House of Delegates, and culminated his service by a year as president, to which office he brought exceptional qualities of leadership.

Doctor Roblee gave forty-nine years of conscientious and untiring service to the sick of Riverside County, but in spite of the many demands made upon him by his profession, he found time to support and help in all worthy community projects. He also gave unstintedly of his time and guidance to the Calvary Presbyterian Church, of which he was a lifelong member. The Riverside Y. M. C. A. was one of his major interests and to him that Association owes much of its fine development. He was a lover of home and was ever at his best there.

A great man is gone, but his loyalty and self-sacrificing service to community, country, profession, friends, and family will never be forgotten by those who were privileged to call him friend. T. A. C.

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Maynard Caldwell Harding
1878–1944

Born in Mason City, Iowa, Doctor Harding was graduated from the Denver and Gross College of Medicine in 1906. He practiced in Ault, Colorado, until 1911, when he went to Korea in charge of medical work at Makpo. Upon returning to the United States he did postgraduate work in orthopedic surgery and began practice in San Diego in 1913, becoming the pioneer in that city in the field of orthopedic surgery.

Doctor Harding was a Spanish-American War veteran, served in World War I in Letterman General Hospital in San Francisco, and at Camp Lewis Base Hospital, with the rank of major. He was first chief of orthopedic service, and later chief of surgical service at Camp Lewis.

For nearly thirty years Doctor Harding was a member of the County Hospital and Mercy Hospital staffs. He was a member of the College of Surgeons and of the American Academy of Orthopedic Surgeons; he was a founder and active member of the board of the San Diego Society for Crippled Children. At the time of his recent retirement because of ill health, he was president of the Western Orthopedic Association.

Ferdinand Stabel
1871–1944

Ferdinand Stabel died on December 7, 1943, in Redding, California.

Doctor Stabel was born in Germany on February 23, 1871. He came to California to reside in 1890. He was graduated from Cooper Medical College in San Francisco in the year 1896. He was licensed to practice in California in that year. He was a charter member of the Shasta County Medical Society, which was organized under the rules of the California Medical Association in 1896. He has been an active member of this society since it was founded, until October 2, 1940, when because of failing health he was recommended for a retired membership in the California Medical Association. He held the retired membership in the Association until his death.

Doctor Stabel was respected and admired by the members of the medical profession, and has left a record of devoted service to the community in which he served for so many years.

CALIFORNIA PHYSICIANS' SERVICE†

Background of California Physicians' Service

(A series of articles: January "California and Western Medicine," on page 38; February, page 83)

Beneficiary Membership

Commercial (December, 1943)	58,508
Rural Health Program	5,000
War Housing Projects (approximate)	32,211
Marin	5,745
Los Angeles	6,918
Alameda	1,900
Vallejo	14,355
San Francisco	3,293
Total	95,719

If California Physicians' Service is to fulfill its originally conceived destiny it must become an instrument of the medical profession for the extension of good medical care on a pooled fund, prepayment basis. Only in this way can California Physicians' Service be considered a success from both the public and the professional point of view.

And if California Physicians' Service is to be successful from the public point of view, it must develop its public relations program from all angles and at all times. From the professional point of view, California Physicians' Service will be only as successful as it is acceptable to the public; there is no profit in a medically good service which the public does not accept as a good service.

The public relations of California Physicians' Service rest within the hands of all of its members, whether they be professional, beneficiary or administrative members. The attitude of all these members, as expressed to their friends and acquaintances, will sway the public relations program either to good or to bad. We have already seen numerous examples of this sort of thing, in cases where one professional member can either make or break a proposed program for a group of employees. The California Physicians' Service salesman asks the prospective membership group to telephone to a professional member who is known to be a strong supporter of California Physicians' Service; competitive plans often ask the prospect to telephone to some professional member who is known to have turned sour on California Physicians' Service and who can give a report which is enough to kill the sale.

Beneficiary members in their daily contacts can carry either a good or bad story about California Physicians' Service and often their reports are enough to bring a new group into California Physicians' Service or to keep it out. Examples of this sort of public relations are too numerous to be recounted here.

If we add the 60,000 beneficiary members to the 5,000 professional members of California Physicians' Service we arrive at a total of 65,000 public relations outlets. The beneficiary members far outnumber the professional members and, therefore, can reasonably be counted upon as a more potent force for good or bad public relations for the program. How, then, can we cultivate a good public relations program among these people?

First of all, we can render for them a good medical service. We can treat them as individuals, not as charity cases. We can treat them in the same manner as any private patient, which indeed they are. We can send them out of our offices with the feeling that Dr. Joe Doakes is definitely interested in me as a patient and not interested only in the fee he is to get for taking care of me. This sort of treatment of California Physicians' Service beneficiary members is what they expect to receive and is what the profession must give them if it wants to keep them happy.

Next, we can instruct our office nurses that California Physicians' Service beneficiary members are to receive this type of treatment. We cannot only instruct our office nurses in this regard, but we can check up on these employees and make sure that these instructions are carried out. Too often the story has come in that Doctor Doakes is a fine doctor and is taking good care of the patient, but that his office nurse treats the patient like something dragged in from the alley. Remember, the nurse in your reception room can make or break you as a physician by the manner in which she treats your patients. Your own interest in all your patients, whether they be private patients, insurance patients or California Physicians' Service patients, requires that you, the physician, must set the standards for receiving and handling patients. This responsibility must not be left up to the nurse or receptionist.

Next, we can show the same courtesy and consideration to California Physicians' Service members in the matter of bills that we show to our private patients. Even where the California Physicians' Service member may come in with a little suspicion and may receive all his medical care before he tells you that he is a California Physicians' Service member, do not let him think that there is any reason for discrimination against him. After all, he has paid a stipulated sum for his care, and you have agreed to accept a unit basis of payment for the service you render; why should not the patient be entitled to courteous treatment? He may be a little suspicious about the type of service he is to receive when he first comes into your office; let him make his little experiment, and prove to him that he will receive the finest in service that you can give. If you make him feel right about this, he will tell his friends and they will build up the total California Physicians' Service to a point where your unit values will be adequate and your collection problem minimized.

Above all, don't make the California Physicians' Service member feel that he is classified as a special type of patient, not entitled to the best that you can give. Reports have been made of professional members, or their nurses, segregating the California Physicians' Service patients and making them wait until all private patients have been cared for. In one office it is reported as a general policy

†Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.
Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.
For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

that California Physicians' Service patients are asked to wait in a separate and inadequate waiting room; the theory there seems to be that they are not paying a full fee and are not entitled to full service.

It should be remembered that every impression left on a California Physicians' Service beneficiary member by a professional member is repeated countless times in conversations with friends, fellow employees, and others. A favorable impression is bound to creater favorable conversations and favorable results for the entire California Physicians' Service program; conversely, an unfavorable impression will be carried even farther by a dissatisfied beneficiary member.

Actually, doctor, you are not asked to "take" any more from a California Physicians' Service member than you do from some of your private patients. With unit values what they are now, the disparity in average fees is reduced to a low point; the collection problem is minimized. Why not consider the California Physicians' Service patient just the same as any average private patient, which he really is, and give him the best you can. The value of this sort of consideration and treatment is bound to be multiplied and to redound to your benefit. Sixty thousand mouths talking for or against you can influence a lot of public opinion.

Even in the few cases where there may be a distinct loss of fee involved, and these cases are, fortunately, few, why not be a good loser and charge the difference up to good will? Good will not only for yourself, but for the entire medical profession. For this is a type of program where the future of the profession is profoundly affected.

You can play your part in making a good public relations program for California Physicians' Service through your own good treatment of California Physicians' Service patients. This seems little enough to ask, but, in the aggregate, it means a successful California Physicians' Service program and that means a better, more adequate, more assured medical profession. The contribution from you as an individual is small in finances, but great in public relations.

This space will be used next month for a discussion of California Physicians' Service from the point of view of public relations as affecting politicians and other public officials.

* * *

Re: Commercial Program

Professional Members, Addressed:

December Unit Value—$1.90

February 21, 1944.

We feel it is important that you should know the two principal reasons for the steady increase in Unit Value.

1. Our revised contracts to Beneficiary Members have been in force long enough to now bear out our promise of an increased Unit Value.
2. A large enrollment of low-income industrial groups. (Income less than $3,000 per year.)

Because of the public's increased interest in prepaid medical care, we are enrolling from 5,000 to 6,000 new members each month. We feel that we can assure you of further increases in the Unit Value.

December income increased from $62,000 to $66,071. Administrative expenses increased by some $2,000 in December. The demand for service in December was 19,243 units, compared to 17,400 units in November.

Please review your fee schedule and, if you have any comments, send them to us in writing. If you have not received your copy of the fee schedule, let us know.

Sincerely yours,

A. E. Larsen, M.D.,

Executive Medical Director.

California Physicians' Service as One California Medical Association Member Sees It

An article from "The Open Page" of *The Bulletin of the Los Angeles County Medical Association* for January 6, 1944, follows:

December 13, 1943.

Editor, The Open Page:

The accompanying reply to Dr. Clayton Johnson's recent fulminations against California Physicians' Service may interest your readers.

Yours sincerely,

K. C. Brandenburg, M. D.

December 7, 1943.

Dr. Clayton R. Johnson
301 East Hadley Street
Whittier, California

Dear Doctor Johnson:

Forgive me for not answering your letter sooner.

I would like to believe, as you contend, that the defeat of the New Deal, which I consider probable if Germany surrenders before the next election rolls around, would mean the end of such threats of socialized medicine as is represented by S. B. 1161. Unfortunately, this expectation does not seem to be in line with the facts. Governor Olson has departed, but the C. I. O. recently reintroduced his State Medicine bill into the California Legislature. According to Surgeon-General Parran, S. B. 1161 is not an administration measure, but was written and sponsored by the C. I. O. and A. F. L. unions. (See letter in California and Western Medicine, October, 1941, page 233.) Doctor Parran states that he did not see the measure beforehand and does not believe it could be implemented at present.

Defeat of socialized medicine is only a part of the problem facing the medical profession at this time. The recent literature of the National Physicians' Committee states that, as a result of a nation-wide survey, their preliminary findings show that, "The preponderant majority of the public states that it is essential to provide a method of meeting the costs of prolonged or unusual illness." Their bulletin then poses the question in black-faced type. "Will the profession accept the challenge, acknowledge the essentials and take steps to meet the realities on a scale adequate to the need?"

In California, California Physicians' Service is such a step. Surely you do not consider abandoning it without suggesting something to take its place?

As to your second point concerning the compensation to California Physicians' Service doctors, I entirely agree with you. It has been inadequate. Part of this was inevitable in a new venture, but much of the trouble can be laid at the door of the doctors themselves. The expense of acquiring new beneficiary members is one factor that holds down the unit value. For every two thousand members our representatives have obtained recently, one thousand leave California Physicians' Service. Change of occupation accounts for most of this, but dissatisfaction with the attitude of the doctors is also partly responsible. Also, our salesmen have had large organizations ready to sign up when a word from his personal physician to the head of the organization has queered everything. The cost of all this waste effort comes out of our pockets. We must understand that the value of the unit is directly affected by our attitude toward California Physicians' Service. If we want it to pay decent fees, we must back it wholeheartedly. Lukewarm support dooms the unit value to inadequacy and us to disappointment.

As I have contended on many previous occasions, California Physicians' Service is just one way to meet the need of our patients for a method of paying unusual medical expenses without inviting political interference. It is not the only way, or perhaps the best way. At the trustees' meeting just held, the spirit of making California Physicians' Service work, of bringing up the value of the unit, and of being open to any suggestion for improvement of California Physicians' Service, was outstanding. These men have been, and are doing, their best for the profession and could, I am sure, find much pleasanter ways of spending a whole Sunday than sitting in a stuffy hotel room listening to financial reports. Most of them are as fed up as you are, but mainly with the inability of the medical profession to decide whether to back up California Physicians' Service wholeheartedly or not. There is no law that says they must continue to work for us, and it would serve us right if they should decide to dump the whole business into our laps. How would you like to struggle with the problem for a while? Or are you one of those fellows who are good at griping but cannot even

understand the problem, much less offer a solution? I do not think you are, or I would not be taking the trouble to answer your letter.

Incidentally, are you turning down industrial compensation x-ray work also? If you are not, you had better consider the comparative California Physicians' Service and compensation fee schedule I am enclosing. You will note that at the present value of the unit, $1.75, California Physicians' Service has the definite edge. Not only that, but steps are being taken to increase California Physicians' Service rates so as to bring the value of the unit closer to $2.50 as quickly as possible. How does this compare in your mind with the recent refund to employers of four and a half million dollars by the State Compensation Fund, which is ignoring the doctors' request for an increase in fees. From where I sit, our chances look better with our organization than with the Government.

I want to commend you for coming out in the open with your complaints. Now if you, and fellows like you, will be just as generous with constructive suggestions, we will begin to get somewhere. California Physicians' Service is your organization. It will succeed or fail, depending upon the support it receives from men like you and me. We cannot afford to do anything but give it the best we have.

Sincerely,

K C. BRANDENBURG, M. D.

Comparison of California Physicians' Service and Workmen's Compensation Fees on Basis of Present C. P. S. Unit Value—$1.75

	C. P. S.	Indust. Comp.
Fingers, toes	$ 3.50	$ 3.50
Foot, ankle, hand, wrist	5.25	3.50
Elbow	5.25	6.50
Shoulder	7.00	6.50
Ribs and pelvis	8.75	6.50
Foreign body, eye	14.00	10.00
Full denture	7.00	7.50
Single denture	0.87	1.00
G. I. series including barium enema and cholecystography	31.50	30.00
G. I. series with enema or cholecystography	24.50	25.00
Sinuses	8.75	10.00
Chest	7.00	6.50
Chest, including fluoroscopy	10.50	7.50
Fluoroscopic chest	3.50	5.00
Cholecystography	10.50	10.00
Intravenous pyelogram	17.50	12.50
Total	$182.37	$158.00

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Stanford University Popular Medical Lectures.—The Stanford University School of Medicine will give its sixty-second course of Popular Medical Lectures in Lane Hall, Sacramento Street near Webster, San Francisco, during March and April at 8 p. m., starting on Friday, March 17. The first lecture will be "Treatment of Infantile Paralysis," by William H. Northway, M. D.

Succeeding lectures will be: March 31, "Caudal Anesthesia in Obstetrics," by Albert V. Pettit, M. D.; April 14, "Nutrition: One Factor in the Health Program," by Nina Simmonds, Sc.D.; and April 28, "Psychological Types and Marriage," by Horace Gray, M. D.

Smallpox

Smallpox has returned to California. Recently a family living in Fresno visited in Mexico. Shortly after their return six members of the family developed smallpox. To date a total of fourteen cases have developed in this outbreak, resulting in one death. So states the Weekly Report of the Department of Health of the City of Los Angeles in its issue of February 19, 1944.

"Vaccination prevents smallpox; every doctor knows this! Repetition is necessary because of public apathy and antivaccination movements. Public apathy results from the fact that smallpox has not, in recent years, appeared in the serious form or in widespread or locally intensive or explosive outbreaks."

A recent study made by the U. S. Public Health Service shows definitely that "the amount of smallpox in a State or community is determined largely by their vaccination requirements and procedures, and the effectiveness with which their requirements are applied." The States were grouped into six classifications, with respect to smallpox vaccination requirements:

	Annual Case Rate Per 100,000 Population
States in which vaccination is a prerequisite to school attendance, regardless of the presence or absence of smallpox	0.8
States in which vaccination of pupils may be required at all times	3.0
States having various permissive provisions regarding smallpox vaccination	3.6
States having varying provisions which direct or authorize the exclusion of unvaccinated persons from school only when smallpox is present or threatened	6.3
States for which no important provisions of law or regulations were found regarding vaccination	11.1
States having various prohibitive provisions (including California)	13.2

Deaths From Botulism

Increasing the total for the past three months to five, two more persons died of botulism during January after eating improperly home-canned food, the California State Department of Public Health reported on February 24.

Dr. Wilton L. Halverson, Director of Public Health, said five cases were reported during January, with two fatalities. Three cases resulted from consumption of home-canned beets and beet juice, one from asparagus, and the other from corn, he said.

Survey Shows California Gains Million in Population

The United States Census Bureau, in a report on War Ration Book 4 registrations, estimated that California has gained more than a million residents, while New York has lost a corresponding number since April 1, 1940.

California's gain of 1,013,629 led the nation in state population growth.

County by county comparisons showed that Los Angeles led the way in California with an increase of 355,799.

The report also indicated that the civilian population of the nation decreased by approximately four million during the same period. This was attributed to the numbers in the armed forces and the persons who eat out and hence are not registered for a ration book.

Venereal Incidence in California Rises

Noting an alarming increase in venereal disease incidence Dr. Wilton L. Halverson, State Director of Public Health, declared on February 23 that the greatest current problem lies in control efforts among "women of the younger age groups up to twenty-four years of age."

A marked increase in incidence was recorded among girls in the 15 to 19-year-old bracket. Greatest increase was in the 20 to 24-year age group.

More cases of syphilis were reported in the State last year than in any single year since 1939, while reported cases of gonorrhea also showed an upward trend.

Conceding that large population growth has been a considerable factor in the 1943 increases, Halverson said health department case-finding programs, premarital and prenatal blood-testing programs have been direct factors in disclosing cases of latent syphilis.

A tabulation showed 29,350 syphilis cases in 1943 against 23,225 in 1942, or 376 cases per 100,000 population against 313. Total gonorrhea cases increased from 12,408 in 1942 to 14,637, or 188 cases per 100,000 population, compared with 167 during the preceding year.

Doctor Urges Advertising as Medical Aid

Lack of Interest Big Factor in Its Maldistribution

Lack of interest in good medical care often is a bigger factor in its maldistribution than the economic status of a community, Dr. Wilbery C. Davison, Durham, North Carolina, dean of Duke University's school of medicine, declared in Chicago on February 14.

"The American Medical Association and allied organizations might employ publicity experts to conduct national advertising campaigns on the necessity for medical care," he told the fortieth annual Congress on Medical Education and Licensure.

"If, through advertising, a public demand can be created for automobiles, electric ice boxes, certain brands of cigarettes, and patent and home medicines (which represent 14 per cent of the present medical costs) the people can be taught to seek adequate medical service," Doctor Davison said.

"Better medical care can be obtained for a smaller amount of money spent in teaching the public to utilize medical facilities than would be required for subsidizing physicians to go to the areas in which they are needed," he added.

The medical profession probably will be somewhat overcrowded after the war, Doctor Davison stated, due to the increased number of physicians that will be graduated from medical schools under the accelerated wartime program.

At the present time, the ratio of physicians in the United States is one for each 719 persons, he added, but a far greater problem is the maldistribution of doctors with a ratio of one for each 544 persons in New York State to one for each 5,164 in one North Carolina county.

Dr. Ray Lyman Wilbur of Stanford University told the congress "there must be no let-up in our efforts to know all that is known and seek to know more. There is a premium upon research as we have never seen before."

"The very large casualties of industry and of the highway will profit from the forced experiences of war, provided our medical schools promptly mould their instruction to conform with the new knowledge of wounds of the body and of the damage inflicted on the nervous system by fatigue, malnutrition, and strain," Doctor Wilbur said.

Up-to-Date Union Contracts Include Health Insurance Plans

Financial worry and uncertainty—inevitable corollaries when sickness strikes a workingman's home—are being eliminated these days as more and more C. I. O. unions write nonprofit group health insurance into union contracts.

A number of unions have already won or are negotiating for the coöperative Blue Cross health plan benefits for workers. The nonprofit Blue Cross plan includes both hospital and surgical benefits.

In most cases, workers and management share costs of the benefits, each paying 50 per cent of premiums.

At the Berg Metal Company, under contract to Warehouseman's Local 26, I. L. W. U., the Company is paying all costs.

According to Helga Weigert, director of the C. I. O. Council Health Division here, with whose coöperation negotiations have been conducted, a recent War Labor Board ruling makes it unnecessary to obtain WLB approval of health benefits in contracts where the employer pays part or all of the costs.

"As a matter of fact," Miss Weigert said, "the WLB has expressed itself in favor of such company payments as indirect, noninflationary wage raises ultimately benefiting production."

The Southland Health Division advocates nonprofit health insurance plans, rather than commercial plans, irrespective of whether or not part payment of premiums is made by employers. . . .—San Francisco *Labor Herald.*

Set Man Days Lost By Sickness At Two Million Daily

Two million workers are knocked off America's production lines daily by illness, the United Labor Family Medical Care Committee, composed of A. F. L. and C. I .O. unions, reports. "Every year 600,000,000 work-days are lost through sickness. This means that in one year we lost 29,000 heavy bombers, or 144,000 fighter planes, or 375,000 light tanks, or 752 destroyers, or 86 battleships."

Need for workers' group health insurance plans—with Government and employers sharing costs—is indicated by a report of the American Medical Association, showing that families whose incomes are not more than $3,000 a year could not pay their doctor and hospital bills.—Los Angeles *Southern California Teamster.*

Writer Laments Passing of Old-Time Physician

Editor of The Bee—Sir: Here's to the old-fashioned doctor the world needs. He always was reachable and could be seen without appointments, letters of introduction, or bank references. He would take your temperature without taking your pedigree, and look at your tongue without having his mind on your pocketbook.

His office was not very stylish, but neither did it floor you with pretentious coldness. All you had to do to see him was to ring the front-door bell. He often answered it himself, but if he could afford a young woman assistant she did not greet the patient with an icy reserve which suggested you were not quite the sort of person with whom the doctor would care to associate. There was something homelike about his office. There was at least one comfortable chair in the reception room.

There was no card index and elaborate filing cabinet to enable the doctor to recall his patients and remember what he had told them. He knew his patients and did not have to brush up on identity and diagnosis. He was not much to look at, but there was something about his appearance and manner which never left a patient wondering whether he was a doctor or a financial expert.

He did not know all the germs by their first names, but this was compensated for by the fact he generally could get at your trouble without first ordering your tonsils out. He would give you an idea about what he thought was the matter with you on the first visit. He never seemed in a hurry to get you out one door so he could get the next customer in by another. He was wrong on many a diagnosis, but he always made you feel he was there, trying.

You could reach him in the middle of the night without a search warrant and letter from the President, and he would walk miles across country with a barn lantern to treat an emergency case. He gave a diagnosis in language the patient could understand, and never went by the rule, "When in doubt, operate." He felt a little guilty if he charged more than $2 for an office visit.

Perhaps some of our present-day condition is caused by this little verse I once learned while waiting to see one of the old-fashioned doctors:

"God and the doctor we alike adore, just on the brink of danger, not before. The danger past, both alike are requited. God is forgot and the doctor slighted." Y. E. B.—Fresno *Bee.*

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association. Meetings will convene in Los Angeles. Dates of the seventy-third annual session, to be held in 1944, Sunday, Monday, May 7-8.

American Medical Association. Sessions will be held in Chicago (not St. Louis) on June 12-16, 1944. (See *The Journal of the American Medical Association,* November 6, 1943, page 644.)

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays:

KFAC presents the Saturday program at 10:15 a. m., under the title, "Your Doctor and You."

In March, KFAC will present these broadcasts on the dates of March 4, 11, 18, and 25.

The Saturday broadcasts of KFI are given at 9:45 a. m., under the title, "The Road of Health."

"Doctors at War":

Radio broadcasts of "Doctors at War" by the American Medical Association, in coöperation with the National Broadcasting Company and the Medical Department of the United States Army and the United States Navy, are on the air each Saturday at 2 p. m., Pacific War Time. Series commenced on January 8, 1944. Will run for twenty-six weeks.

† In the front advertising section of *The Journal of the American Medical Association,* various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged.

Pharmacological Items of Potential Interest to Clinicians*:

1. *Journals:* Washington (D. C.) Institute of Medicine issues (at $9 a year) new bimonthly *General Praetice Clinics,* which is merely an abstract and review service. *Bulletin, U. S. Army Medical Department* now appears monthly. Recent issue (No. 72, p. 50, 1944) carries report by S. G. Page on sulfaguanidine in bacillary dysentery, indicating relatively high absorption of the drug, but with little toxic reaction. *Texas Reports on Biology and Medicine* may come along more on time and with improved format from the University Press.

2. *From Our Fighting Allies:* S. Sze offers divertissement on how Drs. H. Macartney, P. Manson, and J. Cantlie rescued Dr. Sun Yat Sen in London in 1896 when he was about to be deported to China for execution (*Chinese Med. Jour.,* 61:172, 1943). V. D. Kostenko finds ascorbic acid content of plants much increased by growth at high altitudes, thus suggesting function as hydrogen carrier to increase cellular respiration, and indicating value of high administration to fliers (*Compt. rend. Acad. Sci. USSR,* 38:42, 1943). D. K. Henderson & Co. survey (favorably) electrical convulsion therapy (*Edin. Med. Jour.,* 50:641, 1943). A. J. M. Sinclair gives solid discussion of psychiatric casualties from jungle fighting (*Med. Jour. Australia,* 2:453, December 4, 1943). C. D. da Silva and J. P. G. d'Alambert review syndrome of internal frontal hyperostosis (*Arq. Assist. Psico. Est. Sao Paulo,* 8:55, 1943).

3. From our friends: B. A. Houssay says thyroidectomy has no effect on development of diabetes, but that thyroid administration may cause severe reactions in experimental diabetes (*Rev. Soc. Argentina Biol.,* 19:94, 1943). E. F. Lascano shows both arteries and anastomoses supplying Tawara's node and bundle of His and its branches run in same direction as wave of excitability (*Rev. Argentina Cardiol.,* 10:23, 1943).

4. From the amazingly neutral Swiss: Special number of League of Nations (*Chronicle of the Health Organization.* First since May, 1940, reports continuance of *Weekly Epidemiology Record and Bulletin of the Health Organization,* and progress on international pharmacopeia. C. Montigel and F. Verzar report interesting series of studies on carbohydrate metabolism after adrenalectomy showing that desoxy-corticosterone promotes much glycogen storage in liver and muscles (*Holv. Physiol. Pharmacol. Acta,* 1:137, 1943). N. Scheinfinkel suggests that thiamin in combination with a cardiac enzyme inactivates acetylcholine (*Ibid.,* p. 149).

5. *From Our Enemies:* H. Hofmann offers intriguing study on permeability changes from narcotics and analeptics (*Arch. Exper. Path. Pharmakol.,* 201:529, 1943). I. Traina of Genoa offers a photometric method for estimating atabrine in urine and feces (*Biochem. Zeitschr.,* 315:111, 1943).

6. *Antibiotics:* I. R. Hooper & Co. report (*Science,* 99:16, January 7, 1944), that S. Waksman's "clavacin" from Aspergillus clavatus (*Jour. Bact.,* 45:233, 1943) is identical with H. Raistrick's "patulin" from Penicillium patulum (*Lancet,* 245:633, 1943). D. L. Augustine finds penicillin sodium effective in relapsing fever, but not in trypanosomiasis (*Science,* 99:19, January 7, 1944).

* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

7. And Further: D. Nachmansohn & Co. continue fine work on action potentials and enzyme activity, and find new enzyme, choline acetylase, which forms acetylcholine in the presence of adenosine triphosphate (*Jour. Neurophysiol.*, 6:383, 397, 1943). N. Shock offers meticulous studies on homeostatic adjustments after exercise (*Jour. Gen. Physiol.*, 27:143, 1944). Yale Laboratory of Applied Physiology becomes School of Alcohol and goes behavioristic in S. D. Bacon's sociology and the problems of alcohol (*Quart. Jour. Stud. Alc.*, 4:387, 1943). E. M. Loeb reviews primitive intoxicants (*Ibid.*, p. 402). Hot: J. P. Scott demonstrates experimentally that differences in social organization are caused by differences in social behavior by conditioning the same male mice alternately to fighting or to peaceful behavior. (*Science*, 99:42, January 14, 1944). L. du Nouy properly closes (*Ibid.*, p. 38) the discussion on apparent time acceleration with age by reference to his *Biological Time* (Macmillan, New York, 1937). A. W. Winkler & Co. discuss sea-water toxicity (*Jour. Clin. Invest.*, 23:103,1944). J. B. de C. M. Saunders & Co. continue detailed study of amelogenesis (*Jour. Amer. Coll. Dent.*, 10:241, 1943).

Penicillin Production.—Penicillin, the outstanding medical discovery of the war, may be available for civilian needs next June.

Twenty-two companies are engaged currently in production of penicillin, and it is expected by June that it will be available in sufficient quantity for civilian needs.

State Costs Are Lowest Since 1936.—The Controller recently placed the cost of State government for the period ending June 30, 1943, at $251,299,722, as compared with these previous recent expenditures:

1941-42—$226,669,125
1940-41—$275,993,724
1939-40—$289,823.242
1938-39—$279,284,297.

In 1936-37 State expenditures totaled $216,965,801.

Postgraduate Lectures at San Jose.—Dr. Alton Ochsner, Professor of Surgery at Tulane University, will give a series of postgraduate lectures covering such subjects as Gall-Bladder Disease and Its Surgery, Bronchiogenic Carcinoma, Pre- and Postoperative Care, Diseases of the Peripheral Vascular System; also a public lecture on the Control of Cancer, to be presented in connection with the American Society for the Control of Cancer.

These lectures will be given in the period April 3 to 8, 1944, under the auspices of the San Jose Hospital staff. Invitations and programs will be sent to all Santa Clara County Medical Society members, to physicians in Army and Navy hospitals in this area, and to interested physicians in Monterey, Santa Cruz, San Benito and San Mateo counties and San Francisco.

Meeting of Association of California Hospitals.—The Association of California Hospitals has announced that the annual meeting of members and a War Conference for Administrators on hospital problems will be held on April 12 and 13, 1944, in the Santa Barbara Biltmore Hotel.

Preventive Medicine.—Dr. Edwin G. Conklin, professor emeritus of biology at Princeton University and president of the American Philosophical Society, recently told a group of medical school graduates that "the great amount of preventable sickness is one of the greatest, if not the very greatest of all social problems." He said that the discussion about socialized medicine is not so much a question of aims and ideals as of means and methods.

"The aims and ideals of the medical profession are now and have always been essentially altruistic and humanitarian," Doctor Conklin said, "but there are, quite naturally, differences of opinion as to the best methods of putting these ideals into practice. The real question is how the advances of medical science can be made widely available to those who need them."

Postwar Planning in Kaiser Plants.—Recently, a committee started a survey of postwar plans of some 90,000 workers in the three Kaiser shipyards in the Oregon area.

Dr. C. R. Bush, head of the department of journalism of Stanford University, is chairman of the committee. Others include persons outside the Kaiser organization, although three hundred persons have been trained to circulate questionnaires.

$8,000,000 Left in Trust for Prentiss Foundation.—More than $8,000,000 for the advancement of medicine, health, art, music, education, and religion has been left in trust by the late Mrs. Elizabeth Severance Prentiss of Cleveland and 1188 Hillcrest Avenue, Pasadena. . . .

The general purposes of the Foundation, for which the National City Bank of Cleveland is trustee, are stated as follows:

To promote medical and surgical research;

To initiate and further activities in the field of public health;

To aid hospitals and institutions in Cuyahoga County, Ohio, and to improve methods of hospital administration;

To aid in support of plans to make hospitalization and medical care available to all people, especially those of low income. . . .—Pasadena *Star-News*.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Dr. William Dock Named Professor of Medicine at University of Southern California

Dr. William Dock, head of the department of pathology at Cornell University School of Medicine, has been appointed professor and chairman of the department of medicine at the University of Southern California.

Doctor Dock also has been pathologist to the New York Hospital. He will assume his duties at Southern California immediately. He succeeds Dr. Burrel O. Raulston, who had served as chairman of the School of Medicine since May.

Known for his research activities in heart and circulatory diseases, Doctor Dock earned his B.S. degree at Washington University, St. Louis, in 1920 and his M. D. at Rush Medical School of the University of Chicago. He did internship at Harvard Medical School and the Peter Bent Brigham Hospital, attending the University of Vienna in 1924.

As associate professor of medicine, he served Stanford University from 1928 to 1936 and became head of the department of pathology in the medical school until 1941, when he went to Cornell University.—Los Angeles *Times*.

Dr. L. A. Emge Has New Position

Dr. Ludwig A. Emge, on leave as professor in the Stanford University School of Medicine and serving as lieutenant colonel in the United States Public Health Service, has been appointed regional medical officer for the ninth civilian defense region of the Office of Civilian Defense.

Doctor Emge succeeds Dr. Courtney Smith of San Francisco, who has gone to Washington, D. C., for services in the national headquarters of the Office of Civilian Defense.—Palo Alto *Times*.

New Sulfa Drug Will Aid Troops

Galveston (Texas), Feb. 17 (AP).—Dr. Chauncey D. Leake, vice-president and dean of the University of Texas Medical School here, has announced discovery by two faculty members of a sulfa drug, sulfathalidine, which is expected to help in combating intestinal infections common to overseas troops.—San Francisco *Examiner*.

American Medical Association Conference of State Association Secretaries and Editors

At the recent annual meeting of State Association Secretaries and Editors held in the American Medical Association headquarters in Chicago, discussion took place on several public relations addresses (J. A. M. A., Vol. 134, No. 3, pp. 168-171). The remarks by the Secretary of the California Medical Association follow:

DR. GEORGE H. KRESS, San Francisco: On October 10, the Council of the California Medical Association voted $5,000 to make a spot survey of California to find out what, if anything, is wrong with medicine. If the survey justifies, the Council contemplates the expenditure of some $30,000 more to see what can be done to rectify conditions.

Reference was made to a lobby in Washington. The Council of the California Medical Association saw fit to approve the plan of sending the secretary of the California Public Health League to Washington, where he is now, to make more intimate contacts with the Congressmen from California so that the California Medical Association would be in a better position to advocate those legitimate propositions concerning the public health and medicine that may be deemed worthy of support.

Reference was made to the Kaiser plan. You may be interested somewhat in having a brief reference thereto, because many of you are not on the ground and are not familiar with the situation. Some of you may have read Paul de Kruif's book, "Kaiser Wakes the Doctors." In the Kaiser Foundation plan they did deal with almost 100,000 men. Let's take the figure of 100,000 because figures are so massive when you transpose them into money values that you can make your own deductions and still see why the Kaiser plan in a limited geographic area in the county of Alameda can do the things that presumably have been accomplished. First, the 100,000 men are comparatively good risks, and at $2 a month per employee, or $200,000 a month, you have an income of $2,400,000 a year. Industrial injuries are cared for and paid for from the State Industrial Fund of California to the extent of 40 per cent; add another $1,000,000. You have then for the Permanente Foundation approximately $2,000,000 to $3,000,000. No wonder that Mr. Kaiser, under those conditions, with practically no acquisition expense in the securing of his risks, and with no medical care to families, can set aside $25,000 to $50,000 a month in paying off the expenses incident to the erection of his hospital in the city of Oakland. But when Mr. Kaiser uses that as a basis of analogy and proceeds to say to the people of the United States that on 7 cents a day he can give treatment to families as well as to employees (instead of dealing with one employer with deductions at the source and with practically no acquisition expense, and with perhaps whatever acquisition expense is involved coming from federal funds, and all that done in limited areas instead of over a massive State such as California and dealing with many employers with all kinds of employees); I say that when he tells the people of the United States and the medical profession that he has found the solution to the problem of adequate medical care he is guilty of erroneous thinking and conclusions, as must be evident to any thinking person when the situation is analyzed. Those of you who are interested should read the October issue of *California and Western Medicine*, in which there is a teardown of Paul de Kruif's book and in which the inside story is told. You can get the real facts from the book review that is there given, with the excerpts and comments.

DOCTOR BAUER: That is exactly the type of information which the Council wants. Kaiser thinks his plan is a panacea, and we question it very much. It may be an answer in certain situations, but does it answer for the whole United States? The fact that the Kaiser plan has had such national prominence makes it necessary that we study it and give information to show why it will not work; we can't just ignore it. The people in California are peculiarly well situated to give us information, and we are going to expect California to give us that information. That is why I say this is going to be a two-way affair. You people who are on the ground and who are observing the functions of these plans can give us information which we must have before we can stamp any plan as being good, bad, or indifferent.—*Journal of the American Medical Association*, Vol. 134, No. 3, pp. 168-171.

When Doctors Disagree
Government Threatens

The Detroit *Free Press* has agreed with the medical profession that the Wagner-Murray-Dingell bill means socialized medicine and the placing of the science of healing in the straitjacket of bureaucracy. We have said so emphatically.

But this does not mean that there is not a reason for such agitation. We quarrel with the proposed "cure," not the diagnosis of the disease in our body politic.

The Constitution of the United States provides for the promotion of "the general welfare." Therefore, the health of our citizenship lies strictly within the realm of the public domain and is not the private business of the practicing physician.

Now, there are certain groups in the American Medical Association—an otherwise magnificent organization—which have assumed an attitude of hierarchic authority over the profession. The high priest of this element is Dr. Morris Fishbein, brilliant editor of the Association's justifiably famed "Journal."

The other day Elizabeth Kenny, the Australian nurse who has won world attention by her treatment of infantile paralysis, charged that Doctor Fishbein told her she had better leave the Country. Denying this, the Doctor says he merely "suggested" to her that "she leave the United States because other countries needed her assistance." This is characteristic Fishbein sarcasm. Recently in his Journal he denounced the nurse's explanation of the results she achieves as "physiological nonsense."

* * *

It may be "nonsense" to the erudite Fishbein, who possesses more knowledge than wisdom. But it is not nonsense to the thousands of parents who have seen their stricken children restored to normal young lives through her technique.

Fishbein attacks her right at the height of the drive for funds to fight the scourge in which she has played so dramatic a part. Even worse in his timing, he does so when the profession he represents is pleading with public opinion to help defeat the dangerous Wagner-Murray-Dingell bill.

The medical hierarchy resents any intrusion into their esoteric realm. Twelve years ago, when a State health insurance law was proposed in Michigan, it was fought violently by the medical leaders with charges that it was "socialism." It was passed and is now a model law for other States.

Now, these very same medical leaders are protesting against the radical Wagner-Murray-Dingell bill and are pointing to the splendid results obtained through hospital and group medical insurance! This, after they were indicted and found guilty in a Federal court of violating the antitrust law in bouncing District of Columbia physicians from the Association for engaging in group practice.

* * *

The science of preventive medicine lags fearfully. It is devoted largely to the prevention of epidemics. Little has been done in safeguarding the health of the individual—as Army examinations have revealed. Instead of screaming about socialism in medicine, the leaders of the profession should crusade to eliminate the very conditions which make possible a receptive ear for the political quacks who say the only solution is state medicine.

The private practice of medicine should be integrated with public health in a complete, thorough and enthusiastic way by the profession itself. Cooper Union in New York has already organized a health service for the examination of all its students. Those found defective are then sent to their private physicians. This is only one step.

Let Doctor Fishbein cut out his sarcasm, his sneers and his wisecracking. He'll go further. The American people feel there is something wrong with the medical profession. If the disciples of Hippocrates do not find a cure for the ailment, then less informed politicians with a knowledge of public sentiment will capitalize the grievances for the purpose of getting votes. And we *will* have state medicine with all the waste, extravagance, inefficiency, and the attendant horrors of bureaucracy.—Detroit *Free Press*, February 5.

Attorney Holds Underwriters Responsible for Malpractice By Employed Physicians

Lasher Gallagher, attorney specializing in insurance cases, was the speaker at the meeting of the Casualty Insurance Adjusters meeting at Los Angeles, and had for his subject, the "Liability of Insurance Companies for the Malpractice of Doctors."

He read sections of the labor code relating to the liability of carriers and employers in compensation cases, and said that the sections do not apply in the cases where the doctors are bona fide independent contractors.

He said that a corporation, compensation insurance carrier or otherwise, is liable for any negligence on the part of the doctors employed by the corporation. He expressed the belief that this is based on the inability of the corporation to secure a license either as an insurance broker or as a doctor. He said that under the common law, with the amendment to the constitution and the labor code both absent, the corporation is liable for negligence

of its doctors. He dec'ared there is no basis for the contention that the insurance carrier is the employer of the man in the hospital for treatment. He cited the definitions in the labor code of the word "employer" and said that definition does not include the workmen's compensation insurance carrier within the employer classification. He held that under the common law there is no immunity for the workmen's compensation carrier, the employer of the doctor. . . .—San Francisco *Underwriters' Report.*

Social Changes

There seem to be changes coming in the medical profession as much as anywhere. Dr. Arthur F. Chase, president of the New York Academy of Medicine, says that important group is earnestly trying to see ahead and anticipate the future form of society and what its needs will be. His profession, as he puts it, is "in the process of adjusting medicine, in its broadest sense, to the new social order."

Various other professions, not to mention the unprofessional public itself, are engaged in a similar task of adapting themselves to new social conditions. Present-day life seems to be in a state of flux where nearly everything is changing. The war, no doubt, increases this tendency to change. It is hard to guess what life will be like in another half-century, but from present indications it may be much more "socialized," professionally and otherwise, than it has yet been.—Alameda *Times.*

Thousands Quitting Coast in Belief Shipbuilding Peak Past

An exodus of several thousand persons a month from the Richmond area, with the majority apparently quitting jobs in the huge Kaiser shipyards and other Bay region war industries, was indicated today by ration board reports of a heavy increase in special gasoline allotments for out-of-state trips.

Richmond and El Cerrito ration board officials said they were issuing a combined average of seventy-five special allotments a day for these trips and estimated that about 450 families were leaving the area by automobile weekly.

In addition, Pacific Greyhound Lines officials reported more than 500 individuals are buying bus tickets weekly, with two-thirds of them one-way tickets out of the State. "Many" of these passengers, they said, are young men being called back to their home states by draft boards.

In Portland, Edgar F. Kaiser, general manager of the Kaiser shipyards in that area, today blamed a mistaken belief that the war was nearly over for the shortage of 16,000 workers in the yards.

(He said the yards were allowed a ceiling of 103,000 workers, but the total number employed has dropped to 87,000, and full employment is needed to meet contract commitments on schedule.)

The majority of those leaving are bound for Minnesota, Wisconsin, Michigan, Mississippi, Kansas, Illinois, and Texas, officials said.

Figuring three persons to a family, it was estimated 5,400 are leaving by automobile monthly.

Applicants, to secure gas, must present job clearances or sign affidavits they are going into agriculture, said Miss Irene Woods of the Richmond ration board.

Miss Woods said a very small percentage say they are going into agriculture.

Miss Woods said the exodus started three months ago with lay-off of unskilled workers and "absentees" at the Kaiser yard, and continued with recent announcements that the shipbuilding program is "over the hump."—San Francisco *News.*

Of the tuberculosis found among men examined at the United States Induction Center in Massachusetts, 10 per cent were far advanced, 25 per cent were moderately advanced. and 65 per cent early cases. This exactly reverses the usual percentages among cases admitted to sanatoria, of whom 65 per cent are far advanced, 25 per cent moderately advanced, 10 per cent early.—David Zachs, M. D., *Massachusetts Tuberculosis League News Bulletin,* April, 1943.

One thing the depression taught us, that human lives cannot be departmentalized—ignorance, poverty, and ill health are not isolated problems; too often they have proved themselves a vicious circle of cause and effect.—Paul V. McNutt.

MEDICAL JURISPRUDENCE†

Hartley F. Peart, Esq.
San Francisco

In *Trindle* vs. *Wheeler,* 23 A. C. 332, decided by the California Supreme Court December 18, 1943, the facts were these:

Plaintiff, after spraining an ankle which previously had been broken, consulted the defendant physician and surgeon. He prescribed diathermy as treatment for the injury and, taking plaintiff into a room adjoining his office, instructed a nurse "trained and experienced in such treatments" to apply diathermy to the ankle at 3,000 milliamperes for twenty minutes. The plaintiff's shoe and stocking were removed. She was placed in a recumbent position on a bed and the nurse adjusted the electrodes to her ankle. The electrodes were encased in rubber pads. A folded towel was wrapped around each electrode and the plaintiff's ankle placed between them. The nurse set the dial at 3,000 milliamperes for a twenty-minute treatment. Both the doctor and the nurse left the room and shut the door.

Plaintiff testified she received no instructions from either the defendant physician or his nurse and that after the lapse of a few minutes the ankle became uncomfortably hot. When the heat became unbearable she called for help. The defendant immediately entered the room and turned off the diathermy machine which at that point registered 3,500 milliamperes. Plaintiff sustained a burn on her ankle about the size of a dollar or half dollar. According to testimony of defendant and his assistants, a push button next to the bed on which plaintiff was lying was provided for diathermy patients. The nurse testified that she pointed out this button to plaintiff, told plaintiff to call if the heat became uncomfortable and that such instructions were customarily given to diathermy patients. Plaintiff denied this testimony, saying that no such instructions were given.

At the trial of the action in the Superior Court a verdict was directed in favor of the defendant physician and this judgment was affirmed by the District Court of Appeal. The question then presented on appeal to the Supreme Court was whether, disregarding conflicting evidence and giving to the evidence tending to establish negligence in the administration of the diathermy treatment all the value to which it was legally entitled, there was sufficient evidence to support a verdict in favor of plaintiff. The Supreme Court ruled that there was sufficient evidence, that the judge erred in directing a verdict for defendant, and that the jury should have been permitted to determine the questions presented.

Plaintiff in the case had offered no expert testimony to establish the standard of care in the application of diathermy prevailing in the community. Witnesses produced on behalf of defendant testified that it was considered good practice in the community to leave the patient in the room unattended after the diathermy machine had been set at 3,000 milliamperes and the stop clock at twenty minutes (as was the case here), *provided,* however, that a call device be available to the patient and that she be instructed to use it to summon the attendant if the heat should become uncomfortable. The Supreme Court ruled that plaintiff was entitled to rely on the expert testimony introduced by defendant as establishing the standard of care required by defendant.

The question then presented was whether there had been compliance with this standard of care by defendant. The Court pointed out the conflicting testimony as to whether

† Editor's Note.—This department of California and Western Medicine, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

defendant had followed this standard of care, by providing a call device and instructing plaintiff in its use. If the jury had believed plaintiff's testimony that she had not been so instructed, a departure from the required standard of care established by defendant's experts would have been shown and a verdict of the jury for plaintiff warranted. Because of the conflict in testimony of plaintiff and defendant on this one factual question, the Supreme Court held that the trial judge erred in directing a verdict for defendant. Accordingly, the judgment was reversed.

The Court did not rule on the applicability of the doctrine of *res ipsa loquitur* (the thing speaks for itself). This is a rule of evidence which excuses plaintiff in malpractice actions based on negligence from affirmatively proving the defendant's negligence. In certain instances the courts have held that where the damaging results of the acts of a defendant are so obviously apart from the normal course of events, the burden is placed upon the defendant to explain the consequences of his treatment. A discussion of this phase of the case is contained in Medical Jurisprudence, March, 1943 issue of California and Western Medicine.

LETTERS†

Concerning Smallpox Outbreak in California:

California State Department of Public Health

Bulletin: February 11, 1944.

As reported last week, smallpox is with us again. In Fresno County there have been, to date, fourteen cases with one death. One of the patients was taken ill in a rooming house, and in seeking medical attention went to the county hospital on the bus. It has been impossible to locate all of the contacts.

So far the cases have been confined to Fresno County, but the type of exposure occurring in this rooming house and on the bus may lead to cases appearing elsewhere.

Health officers and physicians should keep smallpox in mind. If cases, or even suspected cases, appear in your territory, kindly advise us by telephone or teletype.

Bulletin: February 18, 1944.

* * *

ATTENTION HEALTH OFFICERS

On February 11, we notified you that a case of smallpox developed in a rooming house in Fresno.

It has been impossible to identify all of the contacts, so we wish to call your attention to the fact that this case is one of *confluent smallpox* and that with an incubation period of fourteen days those itinerants exposed in that rooming house for transients from February 3 to 7, will begin to show symptoms during the next few days. You are urged to be on the lookout for these individuals.

Inasmuch as this outbreak is due to a highly virulent strain of smallpox, we recommend that vaccination programs be initiated.

It is well to warn the public that only a recent, successful vaccination protects against this highly infectious strain.

(Signed) California State Department of Public Health.

Concerning War Loan Drive—San Diego Report:

San Diego County Medical Society

February 3, 1944.

Dear Doctor Kress:

Your communication from the Council of the C. M. A. regarding participation of the county medical societies as units in the present War Loan Drive was considered at our local Council meeting February 1.

It was the feeling of the Council that it was too late to do any effective organizing for a drive to sell bonds among our members. A hurried survey showed that a majority of the men had already bought or had other contacts through which they were buying. However, the Council voted to buy $3,500 in the name of the Society.

Sincerely yours,

(Signed) W. H. Geistweit, Jr., M. D.,
Secretary.

Concerning Medical Dues—An Item from "The Bulletin of The Los Angeles County Medical Association":

Dues—A Letter and an Answer

(copy)

February 2, 1944.

Los Angeles County Medical Association
1925 Wilshire Boulevard
Los Angeles 5, California

Gentlemen:—Last year I criticized the amount of dues required by the California State and Los Angeles County Medical Associations. Indicating that such criticism was prevalent, the letter was answered by a multigraphed form letter showing expenditures. Of the expenditures, something like $75,000 went for the ill-timed and ill-fated "Basic Science Law" support.

Having no such item for 1943, it would interest me to know how the money was spent for that year. I consider this check the highest price I have paid for the least service rendered in my expense account for 1943.

Very truly yours,

* * *

(Reply: Copy)

Dear Doctor:—In compliance with your request, a copy of the Association's statement of income and expenditure for 1943, is being mailed to you.

Although more than 1,500 members have paid their dues for 1944, yours is the only complaint thus far received that dues are excessive. Nevertheless, you are entitled to your opinion, which I would, if possible, like to change.

First, $20 of your $37.50 goes to the California Medical Association to be expended as the House of Delegates and Council see fit. Included in this amount is a subscription to California and Western Medicine. The expenses of the State office and the cost of the annual convention must be met. In the past the State Association has expended large sums for various purposes, such as the Dodd survey, public relations campaigns, loans to California Physicians' Service, expense of campaigns to defeat initiative propositions inimical to the public health, and recently it made a contribution to the newly formed United Public Health League. The wisdom of some of these expenditures is perhaps debatable in retrospect, but your elected representatives ordered them to be made and they did so in all sincerity and good faith. Honestly now, how much time and effort did you personally devote to convincing the electorate that the Basic Science Bill was desirable? How many speeches did you make, and how many letters did you write?

The remaining $17.50 goes to the County Medical Association, which promptly refunds $5 to your local branch for its expenses. The remaining $12.50 supports the building at 1925 Wilshire Boulevard, where about one hundred medical programs are presented each year, the library with its able staff and the permanent office personnel who render innumerable services to the membership, some of which

† California and Western Medicine does not hold itself responsible for views expressed in articles or letters when signed by the author.

were mentioned in *The Bulletin* of January 6. The Association's efforts in such matters as malpractice suits, legislation, contacts with Government agencies, the press and radio publicity, are of tremendous value to every doctor. If you wish information on a medical subject, a phone call to the Library will bring you the latest articles on the subject by return mail. If this service alone is not worth $37.50 a year, you are indeed omniscient. These services could not be maintained from dues were it not for the income from the Association's investments and revenue from advertising in *The Bulletin*.

And now, how much have you done to make your Association more useful? Have you ever appeared before the Council to present a constructive plan of any kind? Have you written to any officer to offer helpful suggestions? Or do you limit your correspondence to griping about the dues? Have you ever become a candidate for any office—or wouldn't you care to risk opposition and possible defeat?

Awaiting your reply and assuring you that any suggestions you may have as to ways and means of increasing the Association's usefulness or reducing the expense will be gratefully received and carefully considered, I am

Cordially yours,

THE SECRETARY (E. T. R.).

Concerning Physician's Responsibility for Work of Office Nurse:

(COPY)

San Francisco, December 23, 1943.

Dear Doctor ————:

I duly received your letter of December 18, 1943, regarding the possibility of your head office nurse giving intramuscular and intravenous hypodermic injections under your supervision.

The performance of such procedures by a nurse raises a question of possible unlawful practice of medicine as well as a question of malpractice liability, about which you inquire.

As we have previously advised other physicians in your community, it is our opinion that a registered nurse may properly give intravenous injections under the supervision of a licensed physician and surgeon and that such a procedure would not constitute unlawful practice of medicine. The Business and Professions Code, Section 2726, provides that the license of a registered nurse confers no authority upon the holder to practice medicine or surgery, etc., but it does authorize registered nurses to undertake all necessary procedures to carry out the orders of a doctor of medicine. It is our opinion that giving intravenous therapy by a registered nurse is authorized by this section if done under your supervision.

In the final analysis, in all cases it must be the physician in charge who determines what a nurse shall be permitted to do in a given case. The final responsibility for the result of her action rests upon him and he must be the judge of the extent of her knowledge and experience. The responsibility for any mistake which might be made by your office nurse would rest upon you and you would be liable in a malpractice action for any damage which a patient might suffer through the negligence of your nurse in giving intravenous or intramuscular injections.

In my opinion, the fact alone that your nurse, rather than you, gave an injection would not establish your liability for any damage resulting therefrom, but you would be subject to the usual rules for determining malpractice liability. If the nurse should be negligent and thereby injure some patient, you would be directly responsible.

Very truly yours,

(Signed) HARTLEY F. PEART.

111 Sutter Street.

Concerning a Request for Copies of the October Issue of "California and Western Medicine":

In November, the following notice appeared in the *Bulletin* of the Los Angeles County Medical Association:

(COPY)

Send Us a Copy—Have you a copy of the October issue of CALIFORNIA AND WESTERN MEDICINE that you can spare?

If you have, please send it to the Los Angeles County Medical Association, 1925 Wilshire Boulevard, or leave it at the Secretary's office.

The California Medical Association needs a number of extra copies of that issue.

Thank you.

* * *

Among those who returned such copies was Lt. Col. C. R. Castlen, somewhere in the South Pacific. Doctor Castlen's letter follows:

(COPY)

"Somewhere in the South Pacific."

January 16, 1944.

Secretary, Los Angeles County
Medical Association
1925 Wilshire Boulevard
Los Angeles

This is your October number you request. This journal went a long way; 20,000 miles or thereabouts for maybe 6 cents. Anyway, glad I had one for you.

Sincerely,

CHARLES R. CASTLEN.

Lt. Col. C. R. Castlen, M. C.
117 Sta. Hosp. 1-194089
A. P. A. 929, c/o Postmaster
San Francisco, California

Concerning California Medical Association Donation to Lane Medical Library:

(COPY)

STANFORD UNIVERSITY
OFFICE OF THE PRESIDENT

Stanford University, California,
December 29, 1943.

Dear Mr. Hunton:

Though a most pleasant chain of circumstances has conspired to keep me from the practice of medicine, I am most keenly interested in what was my "first love." Therefore, I am particularly pleased and delighted to see the wonderful support given to our Lane Medical Library Book Fund by the California Medical Association over a period of years. Our cordial thanks for that latest check for $208, representing the balance of the 1943 contribution. With all good wishes to you and the California Medical Association,

Sincerely yours,

(Signed) DONALD B. TRESIDDER,
President.

Argyll Robertson Pupil.—The factors of heredity and environment both influenced Douglas Argyll Robertson in the choice of his career. His father, a lecturer in surgery, was interested chiefly in ophthalmic surgery; and he studied under the renowned ophthalmologist, von Graefe. During his thirty-first year, while assistant surgeon in the ophthalmic section of the Royal Infirmary, he wrote papers on the sign which has today made his name almost pathognomonic of syphilis of the central nervous system.—Warner's *Calendar of Medical History*.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XVII, No. 3, March, 1919

EXCERPTS FROM EDITORIAL NOTES

The Santa Barbara Meeting.—In the advertising section you will find the rates of the Hotel Potter, Santa Barbara, where the annual meeting of the California State Medical Society will convene on April 15, 1919. . . .

Suggestions to Authors.—Your audience does not want to hear you mumble through a lot of monotonous description, history, and detail. They will not listen if you become absorbed in *reading* your paper. Therefore, try this. Write your paper and revise it. Then read it slowly, considering how each paragraph will impress your *audience.* Then revise it again with this in view. *Then* familiarize yourself with it so thoroughly that you can get up and *speak* it in five minutes less time than it takes to *read* it. And drive home your conclusions and personal opinions. Make it personal, otherwise we had better have phonograph records.

Health Day.—One of the best by-products of the war is the awakening of the people to the importance of health. After devoting so much time and thought and treasure to destructive work, to shortening the lives of the few for the benefit of the many—a constructive reconstruction demands that the lives of the many be as pleasantly prolonged as possible. The extraordinary loss of life from the World War and the pandemic makes the health of the survivors more precious and more essential to the progress of civilization.

The relation of the State and the individual was greatly changed by the war. The health of the soldier was of primary importance to the Government during the short destructive days of war, and the health of the civilian is not of secondary importance during the long constructive days of peace. . . .

We are deeply gratified to see California take the lead in this health improvement and to recognize leading members of the medical profession as the leaders. The League for the Conservation of Public Health has inaugurated a movement to establish a new legal holiday to be known as Health Day. Bills have been introduced in the Senate and Assembly proposing to declare April 30 an annual Health Day to be devoted to "all forms of healthful recreation, a field day for physical prowess, popular lectures on the fundamentals of urban, rural, mental, public and personal hygiene, and the patriotic, scientific, economic and moral aspects of our common health progress and problems."

Dr. John H. Graves, the president of the League, has issued a statement in which he says:

"The doctors, by training and experience, should be best qualified to lead in questions of public health. Our special information places a civic responsibility upon us that we cannot neglect without jeopardizing both the public health and our profession. There is a growing demand that the physician shall meet his civic duty by suggesting the ounce of prevention as well as the pound of cure. For the purpose of creating and maintaining a healthy public interest in this important subject of health, our League for the Conservation of Public Health has introduced Senate Bills No. 424, 425 and Assembly Bills Nos. 744 and 746, to establish in California the first Health Day of the Nation." . . .

(Continued in Front Advertising Section, on Page 14)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.—G. H. K.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By F. N. Scatena, M. D.
Secretary-Treasurer

Board Proceedings

A regular meeting of the Board of Medical Examiners was held at the Elks Club, Los Angeles, February 7 to 10, 1944, at which written examinations were conducted for physician and surgeon applicants, hearings had on charges of violation of provisions of the Business and Professions Code, and petitions were considered for modification of terms of probation and for restoration of revoked certificates.

* * *

An oral examination is scheduled to be held in the offices of the Board, 907 State Building, Los Angeles, March 16, 1944. Oral examinations are required by law of reciprocity applicants basing applications on certificates issued by other States more than ten years before the filing date in California.

* * *

At the meeting of the Board of Medical Examiners, held in Los Angeles, February 7 to 10, 1944, ninety-seven applicants wrote the examination for a physician's and surgeon's certificate. No other class of applicants presented themselves for examination.

* * *

After regular hearings before the Board, the following disciplinary actions were taken:

Jean Nazareth Andrews, M. D. License revoked on February 9, 1944.

Gilbert M. Barrett, M. D. Placed on probation for five years, February 8, 1944.

Forest John Brainard, M.D. License revoked on February 9, 1944.

Edwin M. Chase, M. D. Placed on five years' additional probation on February 8, 1944.

Howard C. Cowlishaw, M. D. License revoked on February 8, 1944.

Joseph Warren Johnson, M. D. Placed on five years' probation, without narcotics, on February 9, 1944.

Herbert Bennett MacRae, M. D. License revoked on February 10, 1944.

Philip John Murphy, M. D. License revoked on February 10, 1944.

News

"The War Manpower Commission announced today that physicians, dentists, veterinarians, sanitary engineers, and nurses who are salaried employees in essential activities may not change their jobs hereafter without permission of the United States Employment Service." (Press dispatch dated Washington, January 10, published in the San Francisco *Chronicle,* January 11, 1944.)

"Aid in finding physicians was sought in the last year by 9,368 San Franciscans and newcomers, using the 24-hour emergency service provided by the San Francisco Medical Society, with an all-time high of 1,335 calls in December, attributed to the flu epidemic." (San Francisco *Call-Bulletin,* January 17, 1944.)

"A jury of six men and six women deliberated only ten minutes here yesterday afternoon before finding R. B. Broughton, Dos Palos druggist, not guilty of five misdemeanor counts of altering prescriptions for narcotics.

(Continued in Back Advertising Section, on Page 38)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the secretary of the Board.



Increased Efficiency and Effectiveness Through Dispersion

VITAMINS A and D are more efficiently utilized when dispersed in milk than in the concentrated form. In addition, prophylactic studies reveal that vitamin D emulsions in milk are approximately twice as effective as the usual oil menstrums, resulting in greater calcium and phosphorous retention.

P. C. Jeans, J. A. M. A., November, 1942.
J. M. Lewis, Jnl. of Pediatrics, May, 1939.

ACCEPTED AMERICAN MEDICAL ASSN.



Special MORNING MILK

400 U. S. P. Units Vitamin D and 2000 U. S. P. Units Vitamin A (From the Natural Source) Added Per Reconstituted Quart

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For Diseases of the Chest — *Monrovia, California*

AN INSTITUTION FOR DIAGNOSIS AND THERAPY

(Established 1903)

CHOICE rooms and bungalows at rates ranging from $37.50 up, including routine medical and nursing services, interim physical, x-ray and laboratory examinations, ordinary medicines and pneumothorax. A charge is made for the first complete examination.

In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Close medical supervision. Aside from tuberculosis, special attention is given to asthma, bronchiectasis, lung abscess and kindred diseases. Separate institution for children.

For particulars address:

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MEDICAL SCHOOL AND HOSPITAL

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Intensive full-time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

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And Operating THE MEDICAL OFFICE BUILDINGS, *Facing the Hospital*
Tenancy Restricted to the Medical and Dental Professions

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Superintendent, V. W. OLNEY

Address Communications

SAINT FRANCIS HOSPITAL

Bush and Hyde Streets — *Telephone* PROSPECT 4321 — San Francisco

TWENTY-FIVE YEARS AGO

(Continued from Front Advertising Section, Page 18)

any other single therapeutic agent, is not a panacea for the relief of all pelvic pathology, but it has made itself one of the necessary methods of treatment in the practice of gynecology.

The most important factor to be considered is the proper choice of cases which will be benefited by the use of the current. It is my firm belief that the failures reported are due to the fact, firstly, that enthusiasts apply electricity in nearly every case that comes to their attention, with resultant injury to the patient and discouragement for the doctor, and, secondly, to the lack of care used in the choice of the kind and amount of the current used, and in the poor technique from the standpoint of asepsis. . . .

Excerpt From Los Angeles County Report.—With the beginning of the new year new activities have been inaugurated by the Board of Councilors.

Dr. Harlan Shoemaker, the secretary-treasurer, has enlarged the "Bulletin," with advertisements to help pay for the issue. A nurses' bureau will be opened in the secretary's office, 621 Marsh-Strong Building, where recommended nurses can register so that physicians and surgeons can secure promptly at any time the services of competent and responsible nurses. . . .

The president, Dr. W. T. McArthur, then asked the chairman of the committee appointed by him to read the vote of thanks on behalf of the Society to Dr. George H. Kress, the retiring secretary-treasurer; whereupon the

(Continued on Page 30)

from Stable, Dried Plasma . . . to Concentrated Plasma . . .

to Normal Human Plasma



Dried Blood Plasma, a development of Sharp & Dohme research, is considered "the most satisfactory blood substitute for the treatment of burns, shock, hemorrhage and other hypoproteinemic states."[1]

Desiccated from the frozen state under high vacuum and sealed under vacuum, 'Lyovac' Normal Human Plasma may be kept indefinitely without refrigeration and is quickly restored by addition of the sterile, pyrogen-free distilled water provided with each unit. Hypertonic (concentrated) solutions are easily prepared.

Moreover, 'Lyovac' Normal Human Plasma is composed of pooled material and may therefore be given without delay for typing or cross-matching. Each 250-cc. unit contains approximately as much osmotically active protein as 500 cc. of whole blood. This stable, portable preparation may be obtained at drug stores and hospitals throughout the United States, Canada and Latin America . . . **Sharp & Dohme, Philadelphia 1, Pa.**

1. Military Surgeon, 90:306, 1942.

'LYOVAC' normal human PLASMA

A Development of Sharp & Dohme Research

Colfax School for the Tuberculous

COLFAX, CALIFORNIA

There are two units, The Colfax Hospital and the Bushnell Sanatorium, for the treatment of Pulmonary Tuberculosis.

The Colfax School for the Tuberculous is located in the pine clad Sierra Nevada foothills, at an elevation of 2,400 feet; an elevation free from the fogs of the valleys and free from extremes of heat or cold.

This Institution supplies, among other advantages:

1. Individual care and supervision under skilled physicians.
2. Education as to essentials of recovery from, and the prevention of the spread of, disease.
3. Complete laboratory and x-ray equipment.
4. Every proved method of treatment, including pneumothorax and phrenic nerve interruption. (Major thoracic surgery referred to skilled thoracic surgeons.)
5. An absence of institutional atmosphere.
6. Reasonable rates.

* * *

For further information write

ROBERT A. PEERS, M. D.
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* * *

F. LYNN SMITH, M. D.
Consultant in General Medicine

F. HARRY BENTEEN, M. D.
Consultant in General Surgery

EMILE HOLMAN, M. D.
(Stanford Hospital), Consultant, Thoracic Surgery



Nestlé's Milk Products

world's first choice

for babies!



No feeding directions furnished to the laity

One case, observed for yourself, is more convincing than a hundred published case histories. Why not have your patients change to PHILIP MORRIS cigarettes, and watch the results! Your *own* observations will mean even more than the published studies, which showed that *on changing to PHILIP MORRIS every case of irritation of the nose and throat* due to smoking *cleared completely* or *definitely improved.**

* *Laryngoscope, Feb. 1935, Vol XLV, No. 2, 149-154*

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—Country Doctor Pipe Mixture. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

URINE SEDIMENTS COUNTS

should be made to diagnose and follow the progress of the renal lesion in ACUTE, CHRONIC, AND LATENT GLOMERULAR NEPHRITIS, AND TO EXCLUDE NEPHROSCLEROSIS AND LIPOID NEPHROSIS.

ZERA E. BOLIN, M. D.

Pathologist

490 POST STREET

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(Approved by San Francisco County Medical Society, California State Board of Health, and American Medical Association)

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A limited General Hospital of 200 beds admitting all classes of patients except those suffering from communicable or mental diseases. Organized in 1871, and operated by a Board of Directors, under the direction and supervision of the Executive Committee of the Medical Staff.

Fully approved by the American College of Surgeons and the American Medical Association for Resident and Intern Training.



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ALUM ROCK SANATORIUM

FOR DISEASES OF THE CHEST

SAN JOSE, CALIFORNIA

A small select sanatorium for the treatment of Tuberculosis and other chest diseases.

Each patient receives individual study and care. The referring physician receives regular clinical reports.

Climate is ideal. Located at 1,000 ft. elevation, 6 miles east of San Jose, overlooking the Santa Clara Valley. A folder will be sent on request.

Resident Staff:

Buford H. Wardrip, M. D.
Superintendent and Medical Director

Visiting Staff:

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Cabot Brown, M.D., San Francisco
J. Lloyd Eaton, M.D., Oakland
Gerald L. Crenshaw, M.D., Oakland
Philip H. Pierson, M.D., San Francisco
Glenroy N. Pierce, M.D., San Francisco
Ina Gourley, M.D., Oakland

TWENTY-FIVE YEARS AGO

(Continued from Page 26)

president presented, in fitting words, the beautifully engrossed, illumined and framed document, together with the appropriately engraved gold watch as a token to Doctor Kress. . . .

Pasadena Mask Law Violators Arrested

Pasadena is a masked town, considerably to its own disgust, apparently. The ordinance passed by the City Commission last Saturday, making it a violation of law to appear on the streets or in any place where the public is admitted without a mask, has been enforced. About sixty persons were arrested for failing to obey the regulation and were released on putting up $5 bail.

Excerpt From Correspondence: What's the Answer?

San Francisco, March 10, 1919.

To the Editor:—During the recent flu epidemic, I had a family in which four persons were ill at one time.

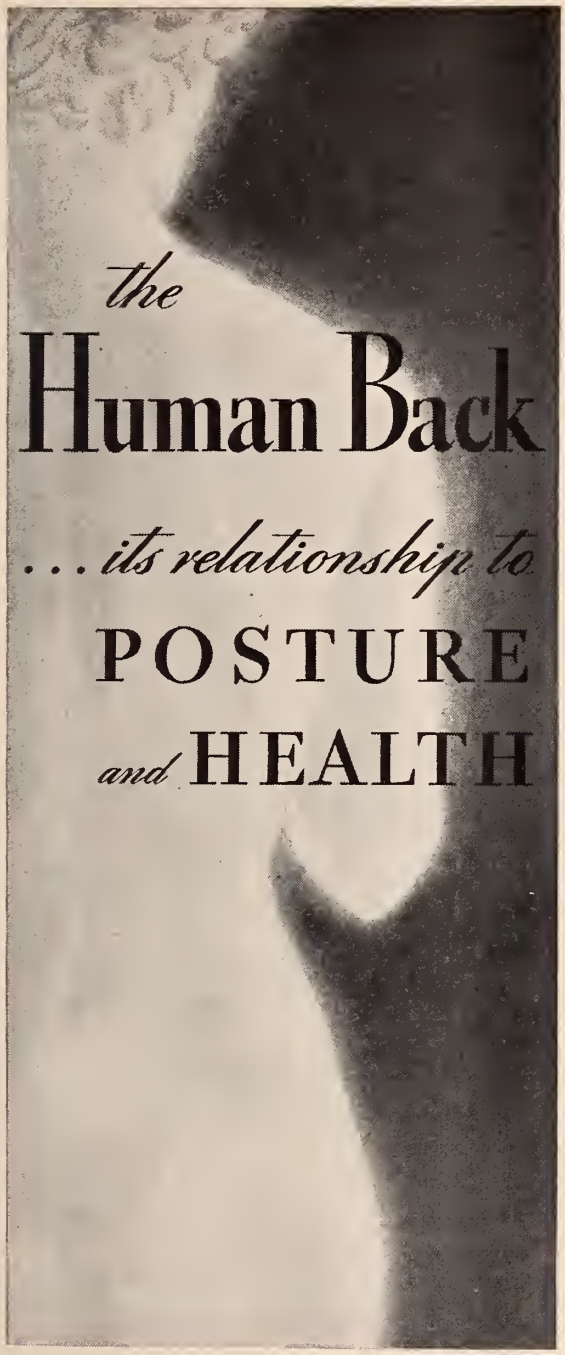
Two nurses were engaged, one for a twelve-hour day shift and the other for a twelve-hour night shift.

The Nurses' Association's charges are $5 a day for the first patient and $2 additional for each additional patient, making $11 per twelve-hour service, for each nurse, or $22 for twenty-four hours.

If one nurse had been engaged for all four patients, and she had worked for twenty-four hours, it would have been $11 per day.

If the two nurses had been employed to care for two patients each, and each nurse had been on duty for twenty-

(Continued on Page 32)



May we send you this helpful new booklet FREE *for presentation to your patients?*

Last year the Samuel Higby Camp Institute for Better Posture, in collaboration with eminent authorities, prepared a little booklet "Blue Prints for Body Balance" which has been supplied to thousands of physicians, free, at their request. Now we have prepared a new companion booklet which is just off the press.

This additional sixteen-page booklet, "The Human Back . . . Its Relationship to Posture and Health," tells its story in simple, non-technical language, and is attractively illustrated. It is educational, non-commercial, informative . . . an ethical booklet for physicians to give their patients. We believe it will inspire its readers to a better appreciation of the importance of good posture and professional medical counsel.

We shall be glad to send you as many copies as you wish, free. The booklet measures 3½ by 6½ inches, and is attractively printed in color. Just use the coupon below, or write on your professional letterhead to the

SAMUEL HIGBY CAMP INSTITUTE FOR BETTER POSTURE

Empire State Building, New York 1, N. Y.

(Founded by S. H. Camp and Company, Jackson, Michigan)

Samuel Higby Camp Institute for Better Posture
Empire State Building, New York 1, N. Y.

Please send me FREE copies of booklets as indicated below:

_____Copies of "THE HUMAN BACK . . ."

_____Copies of "BLUE PRINTS . . ."

Name *M.D.*

Street

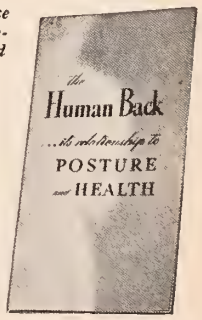
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Prepared in collaboration with eminent authorities, both give vital information on the importance of posture to good health. Insert quantities of each desired on order form to left.



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Licensed by the State of California

OFFERS FACILITIES FOR CARE AND HOSPITALIZATION IN TREATMENT OF

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THE MEDICAL PROTECTIVE COMPANY

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Situated in the Foothills of

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Specialized care of Convalescents; also NERVOUS, MENTAL and ALCOHOLIC Patients. Experienced Staff for the application of INSULIN and ELECTRIC SHOCK Therapies and for the CONDITIONED REFLEX TREATMENT of ALCOHOLISM.

Recognized by the American Medical Association; Member of Association of Private Mental Hospitals and of the Western Hospital Association.

MRS. A. S. ALEXANDER, *President* Telephone: BELMONT 40

TWENTY-FIVE YEARS AGO

(Continued from Page 30)

four hours, they would be entitled to $7 a day each or $14 for two nurses.

If four nurses had been employed for twenty four hours each, each nurse would have been entitled to $5 a day, or $20 for the four. . . .

Can the Nurses' Association supply me with the correct answer?

J. C. EGEBERG, M. D.,
Central Emergency Hospital, San Francisco. Department of Public Health, Emergency Hospital Service, Office of the Chief Surgeon.

Excerpt From Correspondence: Workmen's Compensation Red Tape.

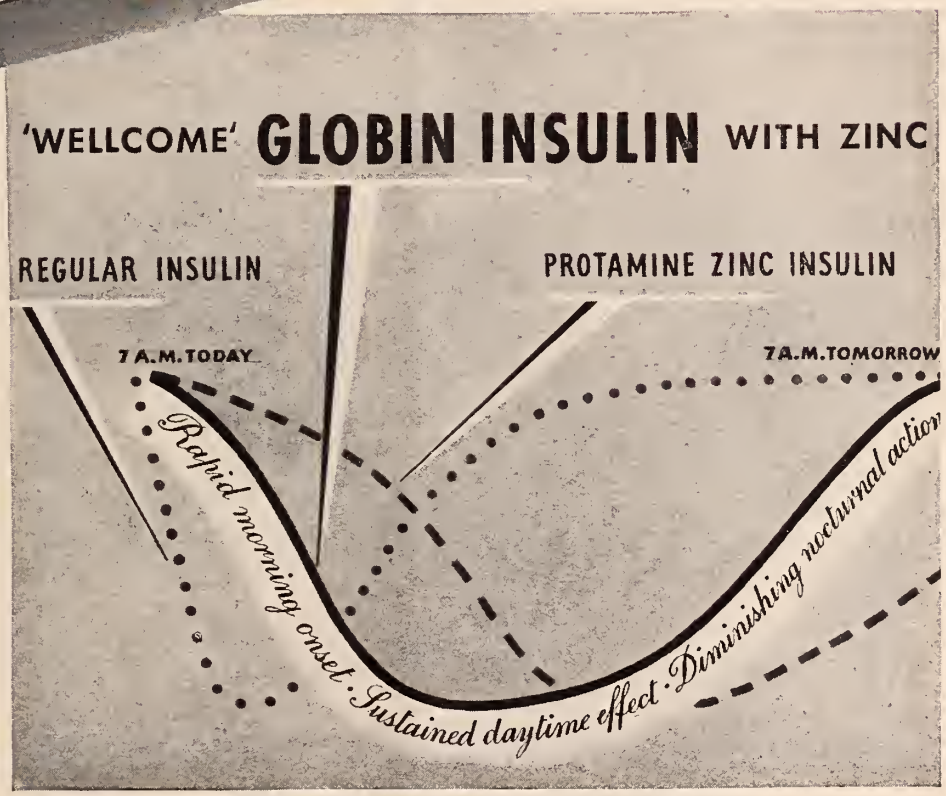
Visalia, Cal., February 12, 1919.

To the Editor:—In the February issue of your Journal you invite the profession to send in their views concerning the relations and working of the Workmen's Compensation Insurance and Safety Act and the physician. As you say, "The Workmen's Compensation *is* and *will be.*" Amen! I am for it; it was a long step in the right direction when that particular act was created by our law makers, but may I voice a feeble protest regarding the real hardship and inconvenience needlessly forced upon the doctor by that Act. I refer to the intricate method of reporting cases to the Industrial Accident Commission and to the numerous casualty insurance carriers. . . .

Why cannot this illimitable red-tape reporting be simplified or the fees trebled that we may keep an extra office assistant for the work?

Fraternally yours,
H. A. TODD, M. D.

Timed Insulin Release



A schematic representation of the effects of various insulins on the blood sugar of a fasting diabetic.

● 'Wellcome' Globin Insulin with Zinc, a new type of insulin, provides more efficient timing of action. Its rate of insulin release is such that its prompt effect meets the morning requirements; strong prolonged daytime action coincides with the period of peak need; and diminishing action during the night minimizes the possibility of nocturnal insulin reactions.

'Wellcome' Globin Insulin with Zinc conforms to the needs of the patient. *A single injection* daily has been found to control satisfactorily many moderately severe and severe cases of diabetes. 'Wellcome' Globin Insulin with Zinc, a clear solution, is comparable to regular insulin in its freedom from allergenic skin reactions.

'Wellcome' Globin Insulin with Zinc was developed in the Wellcome Research Laboratories, Tuckahoe, New York. Registered U. S. Patent Office, 2,161,198. Available in vials of 10 cc., 80 units in 1 cc. 'Wellcome' Trademark Registered

Literature on request

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ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

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Procaine Hydrochloride and Epinephrine

The combination of the prompt and powerful local anesthetic action of procaine hydrochloride with epinephrine is very effective. With CHEPLIN'S PROCAINE HYDROCHLORIDE and EPINEPHRINE the period of anesthesia is prolonged through retarded absorption of the anesthetic. It also causes blanching of the operative area, thus giving the surgeon a clear field.

Literature on request.

1% PROCAINE HYDROCHLORIDE and 1:25,000 EPINEPHRINE is supplied for subcutaneous and intramuscular use in ampules and vials.

"ACCEPTED STANDARDS AT AN ACCEPTABLE COST"

CHEPLIN BIOLOGICAL LABORATORIES, INC.

(Division of Bristol-Myers)

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THE NATURAL VITAMINS OF COD LIVER OIL

WHITE'S Cod Liver Oil Concentrate presents the natural vitamins A and D derived only from cod liver oil itself—in the proportions found in U.S.P. cod liver oil.

Free from excess fatty oils and bulk, it provides three pleasant, simple dosage forms for prescribing the A and D vitamins of cod liver oil for your various patients—infants, growing children, adults:

LIQUID—for drop dosage to infants.

TABLETS—pleasantly flavored—children may chew them.

CAPSULES—for larger dosage.

Economical—In contrast to the high current retail cost of plain cod liver oil, White's Cod Liver Oil Concentrate provides potency at an economical price. Prophylactic antirachitic dosage for infants costs less than 1¢ a day.

Ethically promoted—not advertised to the laity. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, New Jersey.

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AMERICAN MEDICAL ASSN.
Council on Pharmacy and Chemistry

WHITE'S COD LIVER OIL CONCENTRATE . . .

- LIQUID
- TABLETS
- CAPSULES

White's PRESCRIPTION *vitamins*

NUTRITIONAL ANEMIA IN INFANTS

REASONS FOR EARLY FEEDING OF PABLUM (OR PABENA)

1. The infant's initial store of iron is rapidly depleted during the first months of life. (Mackay,[1] Elvehjem[2]). About 30% of the iron freed from the hemoglobin during the first two months is lost, and while hemoglobin destruction takes place, all infants are in negative iron balance. (Jeans,[3] and Usher, et al.[4]).

2. During the early months of life the infant obtains very little iron from milk — 1.44 mg. per day from the average bottle formula of 20 ounces or possibly 1.7 mg. per day from 28 ounces of breast milk. (Holt,[5] Jeans[3]). The incidence of nutritional anemia has been found to be high among infants confined largely to a diet of cow's milk. (Davidson, et al.[6] Usher, et al.,[4] Mackay[4]).

For these reasons and also because of the low hemoglobin values so frequent among pregnant and nursing mothers (Strauss,[7] and Gottlieb and Strean[8]), the pediatric trend is constantly toward the addition of iron-containing foods at an early age, both to normal infants and those with pylorospasm. (Neff,[9] Blatt,[10] Brennemann,[11] Monypenny[12]).

THE CHOICE OF THE IRON-CONTAINING FOOD

1. Many foods high in iron actually add very little to the diet because much of the mineral is lost in cooking or because the amount fed is necessarily small or because the food has a high percentage of water. Strained spinach, for instance, contains only 1 to 1.4 mg. of iron per 100 Gm. (Bridges[13]).

2. To be effective, food iron should be soluble. Some foods fairly high in total iron are low in soluble iron. Thus egg yolk and liver have less soluble iron than does farina, which is very low in total iron. (Summerfeldt[14]). Oxalate-containing leafy vegetables are low in soluble iron and appear not to be well utilized as a source of iron by infants. (Kohler, et al.,[15] and Stearns[16]).

3. **Pablum (and Pabena) are high both in total iron (30 mg. per 100 Gm.) and soluble iron (7.8 mg. per 100 Gm.) and can be fed in significant amounts at an early age, without digestive upsets. (Blatt,[10] Monypenny[12]). Clinical studies of sick and well babies have shown Pablum to be of value in raising hemoglobin values (Crimm, et al.,[17] Summerfeldt and Ross[18]), even when egg yolk and spinach were not effective (Stearns[16]).**

Pablum, a palatable mixed cereal food, vitamin and mineral enriched, and cooked thoroughly and dried, consists of wheatmeal (farina), oatmeal, wheat embryo, cornmeal, powdered beef bone, sodium chloride, alfalfa leaf, brewers' yeast, and reduced iron. (The oatmeal form of Pablum is called Pabena.)

[1-18] **Bibliography on request.**

MEAD JOHNSON & CO., Evansville 21, Ind., U.S.A.

EQUIPMENT BREAKDOWN
COSTLY REPAIRS
INTERRUPTED SERVICE
LOSS OF TIME
INEFFICIENT OPERATION

Apparatus Troubles Minimized . . .
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(Continued from Text Page 128)

Broughton was accused of changing prescriptions calling for mixtures of morphine and atropine to read for straight morphine. He testified he did so on the instructions of the physician who issued the prescriptions. Broughton, with Dr. B. B. Armen, local physician, still faces trial on five felony counts of conspiring to violate the State Narcotic Act. . . ." (Press dispatch dated Dos Palos, January 19, printed in Fresno *Bee*, January 19, 1944.)

"Dr. George Carl H. McPheeters, whose perennial brushes with the law have kept the California Medical Board in a dither for a decade, was back in the legal fire again today with a summons to show cause why he should not have his medical license revoked. Fresno police served a citation on the local physician to appear before the Medical Board in Los Angeles on February 7, at which time he will answer charges brought by Lieut. Edward F. Eckman of Camp Pinedale, near here, that he performed an abortion on Eckman's 18-year-old wife, Lillian. . . ." (San Francisco *Examiner*, January 9, 1944.

"Arguments in support of the contention of the State of California that Dr. Rudolph von Urban, Viennese psychologist and disciple of the late Sigmund Freud, has been practicing medicine without a license were submitted to Justice of the Peace Ray Baugh today in a brief prepared by Allen Martin, Deputy Attorney General. Because of the highly technical and complex nature of the arguments, it was agreed that they be presented by brief, rather than orally. The defense will submit its brief by January 18, and the prosecution will have another ten days in which

(Continued on Page 44)



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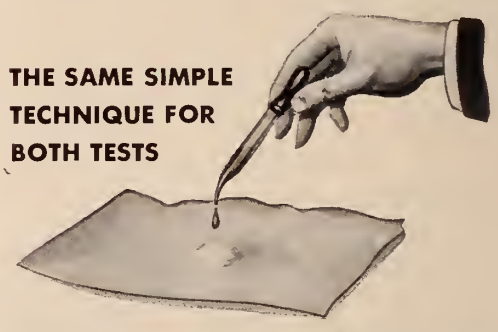
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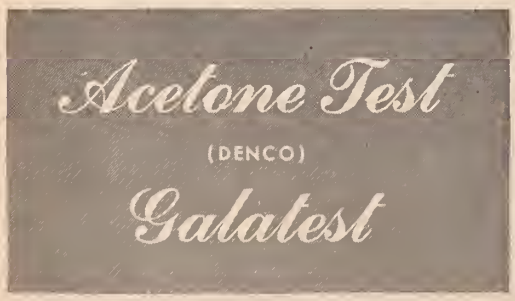
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(Continued from Page 38)

to reply. Then Judge Baugh will announce his decision." (San Francisco *Examiner,* January 11, 1944.)

"Capt. Morgan K. Adams, son of a San Bernardino school teacher, who, in his capacity as an Army surgeon, went to the aid of the wounded American soldiers while under heavy enemy shell fire in Sicily, has been cited and awarded the Silver Star for bravery in action. . . . Before entering the Army Medical Corps, Captain Adams was graduated from the College of Medical Evangelists at Loma Linda in the class of 1939." (San Bernardino *Sun,* January 7, 1944.)

"Charged by the State Board of Medical Examiners on two counts of performing illegal operations on women, one of them a 19-year-old Redlands resident, Dr. Clyde A. Pierson, San Bernardino osteopathic physician, is out on $1,000 bail, pending a preliminary hearing January 7. After the alleged operation the local woman went to her regular physician, who treated her and confined her to the Redlands Community Hospital. She is not in serious danger. The other woman is in Los Angeles and her condition is said to be serious. S. W. Brooks, Los Angeles agent of the Medical Board, swore out the complaint against Doctor Pierson and took him into custody. The defendant was arraigned yesterday in the San Bernardino township court. Doctor Pierson has been twice indicted by the San Bernardino County Grand Jury on murder charges arising from alleged abortions. He was not convicted, although the second charge was tried three times, the jury being hung in each case." (Redlands *Facts,* December 31, 1943.)

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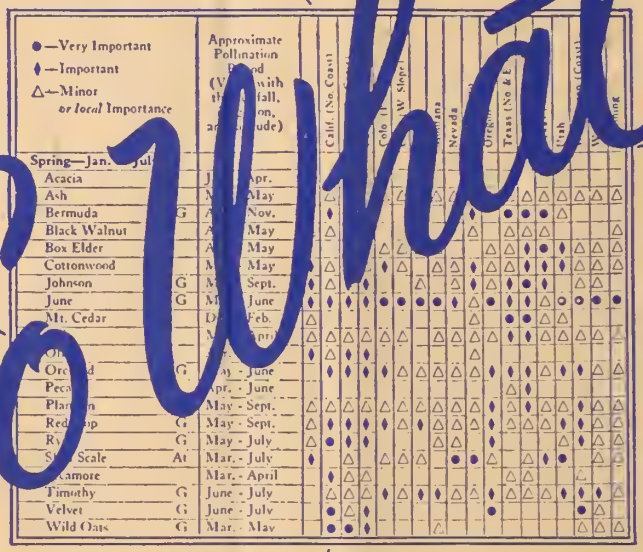
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Committee on Medical Education and Medical Institutions

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Committee on Membership and Organization

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L. H. Redelings	San Diego	1946

Committee on Postgraduate Activities

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Frank A. MacDonald	Sacramento	1945
F. E. Clough (Chairman)	San Bernardino	1946
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(County society secretaries are requested to promptly notify "California and Western Medicine" when changes are indicated in their roster information.)

Alameda County Medical Association
2404 Broadway, Oakland
President, Donald D. Lum, 2225 Central Avenue, Alameda.
Secretary, Gertrude Moore, 353 30th Street, Oakland, 9.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte-Glenn Medical Society
President, Daniel H. Moulton, P. O. Box 520, Chico.
Secretary, J. O. Chiapella, 131 Broadway, Chico.
Meeting, *Second Thursday.*

Contra Costa County Medical Society
President, William Powell, Room 125, Hall of Records, Martinez.
Secretary, George C. Kelso, 416 East Fourth Street, Pittsburg.
Meeting, *Second Tuesday, 8:00 p. m.*

Fresno County Medical Society
President, William G. Milholland, 711 Bank of America Building, Fresno.
Secretary, Jerome A. Thormann, 2607 Fresno Street, Fresno, 1.
Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society
President, Carl T. Wallace, Sixth and I Streets, Eureka.
Secretary, Joseph S. Woolford, 539 G Street, Eureka.
Meeting, *First Thursday.*

Imperial County Medical Society
President, T. E. Bartholomew, 319 Third Street, Calexico.
Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

Inyo-Mono County Medical Society
President, George D. Shultz, Lone Pine.
Secretary, Lloyd S. Bambauer, Bishop.
Meeting, *Fourth Wednesday, Methodist Church, Bishop, except December, January, February.*

Kern County Medical Society
President, Henry A. Rivin, 820 Tenth Avenue, Delano.
Secretary, J. E. Vaughan, 2109 Eighteenth Street, Bakersfield.
Meeting, *Third Thursday, 7:30 p. m., Motel Inn, Bakersfield, except June, July and August.*

Kings County Medical Society
President, Lionel W. Sorenson, 1118 Whitley Avenue, Corcoran.
Secretary, Arthur Zeismer, 410 N. Irwin Street, Hanford.
Meeting, *Second Monday, 8:00 p. m., Legion Hall, Hanford.*

Lassen-Plumas-Modoc County Medical Society
President, G. R. Fortson,* Susanville.
Secretary, J. W. Crever, Susanville.
Meeting, *On Call.*

Los Angeles County Medical Association
President, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles, 5.
Secretary, E. T. Remmen, 429 North Orange, Glendale.
Meeting, *First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.*

Marin County Medical Society
President, Ralph Weseman, Novato.
Secretary, Carl W. Clark, 1010 B Street, San Rafael.
Meeting, *Fourth Thursday, 6:30 p. m., Blue Rock Hotel, Larkspur.*

President, Louise E. Petty, Talmage.
Secretary, Dale E. Barber, Fort Bragg.

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Merced County Medical Society
President, E. R. Fountain, Merced.
Secretary, C. C. Fitzgibbon, Shaffer Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society
President, Charles A. Galligan, P. O. Box 431, Monterey.
Secretary, Arnold Manor, 578 Polk Street, Monterey.
Meeting, *First Thursday.*

Napa County Medical Society
President, Charles H. Bulson, 1203 Seminary Street, Napa.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Association
President, Charles E. Irvin, 105 West Sycamore Street, Anaheim.
Secretary, Russell I. Johnson, 181 Seventeenth Street, Westminster.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer-Nevada-Sierra County Medical Society
President, Lucas W. Empey, Roseville.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society
President, Denver D. Roos, Corona.
Secretary, Wayne K. Templeton, 3770 Twelfth Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library, Riverside Community Hospital.*

Sacramento Society for Medical Improvement
President, Wayne E. Pollock, 1127 Eleventh Street, Sacramento.
Secretary, Carl E. Burkland, 510 Medico-Dental Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society
President, J. M. O'Donnell, Hollister.
Secretary, J. J. Haruff, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society
President, Kenneth L. Dole, Medical Arts Building, Redlands.
Secretary, Arthur E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society
President, R. H. Sundberg, 2001 Fourth Avenue, San Diego, 1.
Secretary, W. H. Geistweit, Jr., 810 Medical Building, 233 A Street, San Diego, 6.
Meeting, *Second Tuesday, University Club.*

San Francisco County Medical Society
President, Stanley H. Mentzer, 450 Sutter Street, San Francisco, 8.
Secretary, Chester L. Cooley, 490 Post Street, San Francisco, 2.
Meeting, *Second Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco, 9.*

San Joaquin County Medical Society
President, Warren T. McNeil, Medico-Dental Building, Stockton.
Secretary, Dora A. Lee, 110 North San Joaquin Street, Stockton.
Meeting, *First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society
George K. Dunklee, 1130 Garden Street, San Luis Obispo.
Secretary, Harrison Eilers, Box 360, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

San Mateo County Medical Society
President, Erma B. Macomber, 1515 Broadway, Burlingame.
Secretary, Logan Gray, 57 Fourth Avenue, San Mateo.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society
President, H. L. Schurmeier, 6 E. Arrelloga Street, Santa Barbara.
Secretary, Alfred B. Wilcox, 1515 State Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Association
President, George A. Gray, Sainte Claire Building, San Jose, 23.
Secretary, Fred W. Borden, Sainte Claire Building, San Jose, 23.

Santa Cruz County Medical Society
President, F. P. Shenk, Medico-Dental Building, Santa Cruz.
Secretary, Samnel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meetings: *February, April, October, and December. Time and place to be decided by the President.*

Shasta County Medical Society
President, Roy W. Thomas, 1726 Market Street, Redding.
Secretary, John E. Kirkpatrick, Shasta Dam.
Meeting, *Second Monday.*

Siskiyou County Medical Society
President, H. L. Vidricksen, Weed Hospital, Weed.
Secretary, F. W. Martin, Mt. Shasta.
Meeting, *Sunday on Call.*

Solano County Medical Society
President, H. Randall Madeley, P. O. Box 539, Vallejo.
Secretary, Charles H. Widenmann, 405 Georgia Street, Vallejo.
Meeting, *Second Thursday, 8:00 p. m., Casa de Vallejo; Hotel Vallejo.*

Sonoma County Medical Society
President, Clifford M. Carlson, 576 B Street, Santa Rosa.
Secretary, E. D. Barnett, 3325 Chanate Road, Santa Rosa.
Meeting, *Second Thursday.*

Stanislaus County Medical Society
President, Ralph E. Maxwell, 911 Thirteenth Street, Modesto.
Secretary, Hoyt R. Gant, 401 Beaty Building, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society
President, Frank L. Doane, Red Bluff.
Secretary, R. G. Frey, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society
President, Karl F. Weiss, 222 West Willow Street, Visalia.
Secretary, James C. Malcolm, 1501 West Main, Visalia.

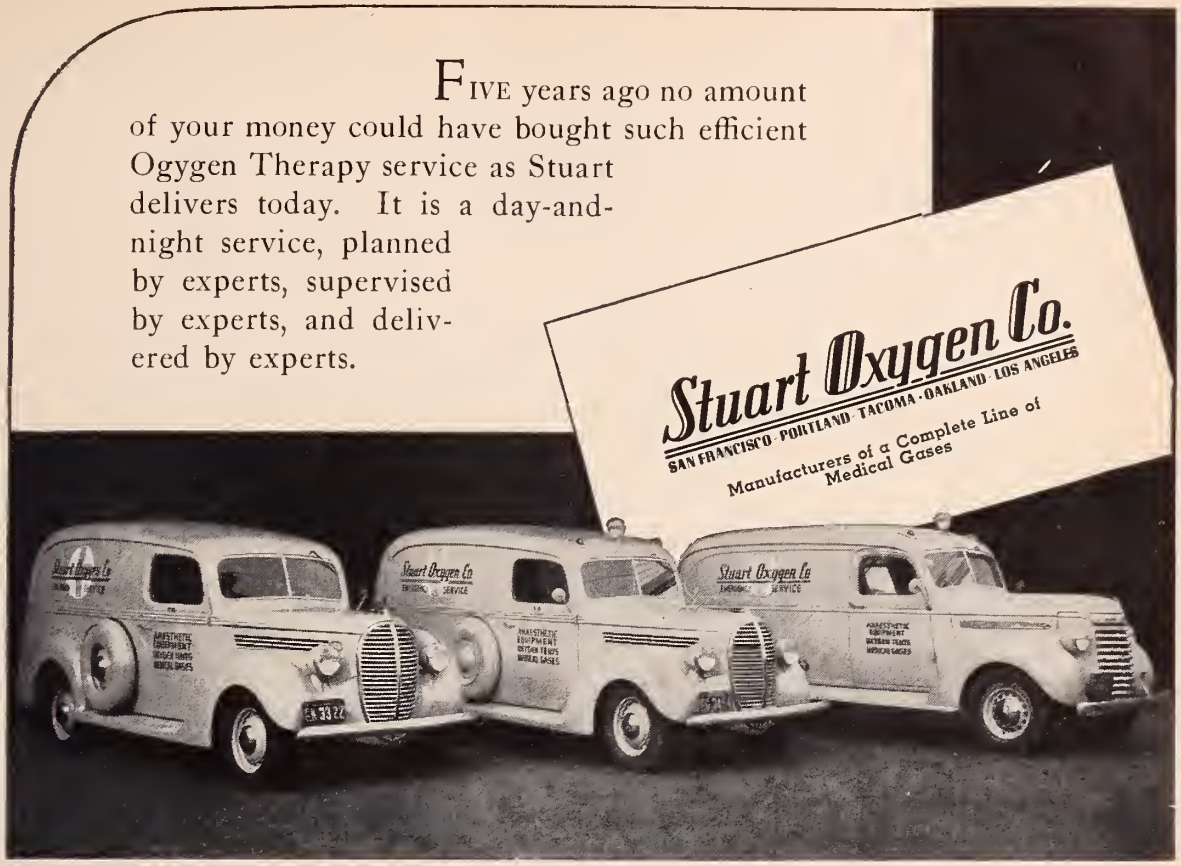
Ventura County Medical Society
President, A. H. Stoll, 329 North Fifth Street, Oxnard.
Secretary, Gerald K. Ridge, 704 East Santa Clara Street, Ventura.
Meeting, *Second Tuesday, Ventura County Country Club.*

Yolo County Medical Society
President, J. Homer Woolsey, Woodland Clinic, Woodland.
Secretary, Emery Leivers, Woodland Clinic, Woodland.
Meeting, *First Wednesday.*

Yuba-Sutter-Colusa County Medical Society
President, Joseph J. Salopek, 423 Fourth Street, Marysville.
Secretary, Harry Clemens, 725 Fourth Street, Marysville.
Meeting, *Second Wednesday.*

(For roster of C. M. A. committees and other organizations, see last month's issue)

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Hospital Service of Southern California, 743 South Grand View Street, Los Angeles.

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California Packet Library Services

In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the libraries of the following institutions:

University of California Medical Library, Medical Center, San Francisco. Phone MOntrose 3600.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco. Phone WEst 8000.

Barlow Medical Library (Los Angeles County Medical Association), 634 South Westlake, Los Angeles. Phone FItzroy 7694.

Note.—The Library of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, also maintains a medical literature packet service.

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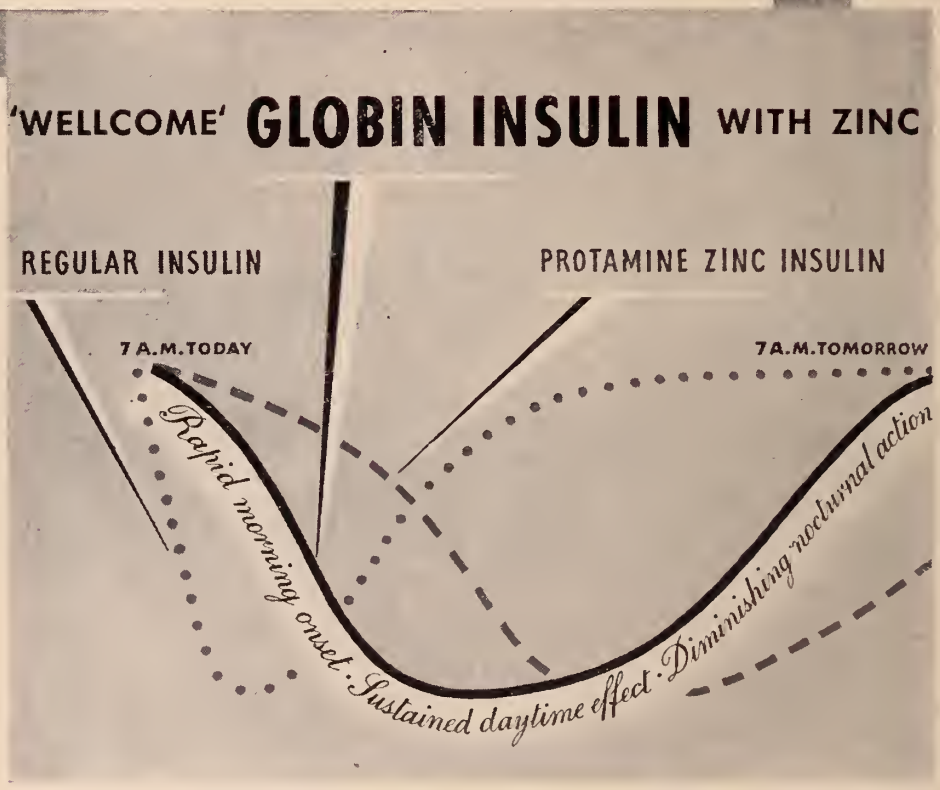
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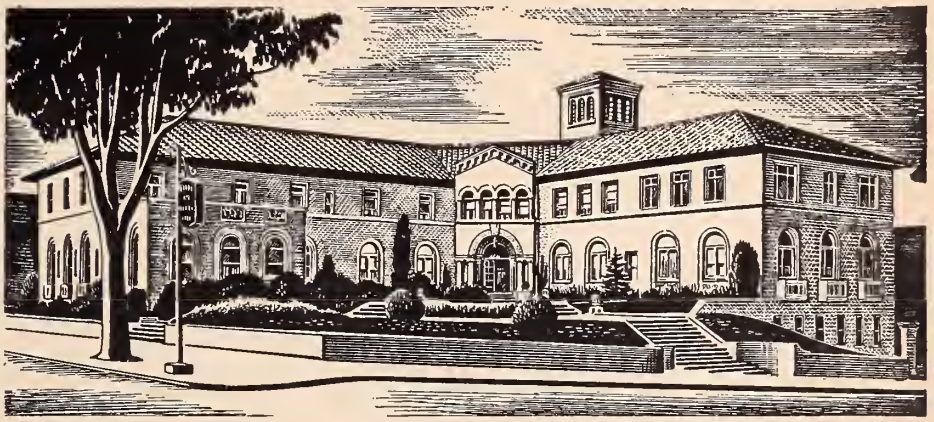
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The Principles and Practice of Medicine. Originally written by Sir William Osler, Bart., M.D., F.R.C.P., F.R.S. Designed for the Use of Practitioners and Students of Medicine by Henry A. Christian, A.M., M.D., LL.D., (Hon.) Sc.D., Hon. F.R.C.P. (Can.), F.A.C.P., Hersey Professor of the Theory and Practice of Physic, Emeritus, Harvard University; Clinical Professor of Medicine, Tufts College Medical School; Physician in Chief, Emeritus, Peter Bent Brigham Hospital; Visiting Physician, Beth Israel Hospital, Boston. Fifteenth Edition. Cloth. Price, $9.50. Pp. 1498. New York, London: D. Appleton-Century Company, Incorporated, 1944.

Sulfonamide Therapy in Medical Practice. By Frederick C. Smith, M.D., M.Sc. (Med.), F.A.P.S., Editor of *Philadelphia Medicine*, official organ of the Philadelphia County Medical Society; Editor of *The Medical World;* Lieutenant Colonel, Medical Reserve Corps, Army of the United States. Foreword by George Morris Piersol, B.S., M.D., Professor of Medicine, Graduate School of Medicine, University of Pennsylvania; Editor-in-Chief, *The Cyclopedia of Medicine, Surgery, and Specialties.* Illustrated with Numerous Engravings, Graphs and Tables. Cloth. Pp. 368. Philadelphia: F. A. Davis Company, Publishers, 1944.

A Text-Book of Pathology. Edited by E. T. Bell, M. D., Professor of Pathology in the University of Minnesota, Minneapolis, Minn. Cloth. Price, $9.50. Pp. 862, illustrated with 448 engravings and 4 colored plates. Philadelphia: Lea & Febiger, 1944.

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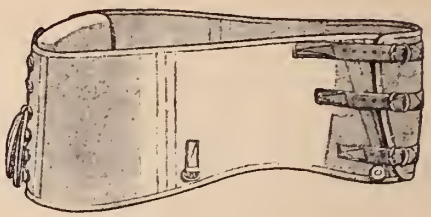
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BOOKS RECEIVED

(Continued from Page 7)

M.D. Cloth. Price, $2.00. Pp. 124. New York: Bernard Ackerman, Inc., 1944

Clinical Lectures on the Gallbladder and Bile Ducts. By Samuel Weiss, M.D., F.A.C.P., Clinical Professor of Gastroenterology, N. Y. Polyclinic Medical School and Hospital; Gastroenterologist, Jewish Memorial Hospital, N. Y.; Consulting Gastroenterologist, Beth David Hospital, N. Y., Long Beach Hospital, Long Island, etc. Cloth. Price, $5.50. Pp. 504, with illustrations. Chicago: The Year Book Publishers, Inc., 1944.

Director of Hospitals and Convalescent Institutions Engaged In Work for Crippled Children in the United States of America. Compiled by the Bureau of Information of the National Society for Crippled Children of the U.S.A., Inc., under the direction of A. R. Shands, Jr., M.D., Counselor on Hospitals and Institutions, National Society for Crippled Children, and Medical Director, the Nemours Foundation, Wilmington, Delaware. Paper. Price, $1.00. Pp. 115. Elyria, Ohio: The National Society for Crippled Children of the United States of America, Inc., 1942.

A Primer on the Prevention of Deformity in Childhood. By Richard Beverly Raney, B.A., M.D., Associate in Orthopaedic Surgery, Duke University School of Medicine, Durham, N. C.; Attending Orthopaedic Surgeon, Watts Hospital, Durham, N. C. In Collaboration with Alfred Rives Shands, Jr., B.A., M.D., Medical Director, Alfred I. duPont Institute of the Nemours Foundation, Wilmington, Delaware; Visiting Professor Orthopaedic Surgery, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania. Illustrated by Jack Wilson. Cloth. Price, $1.00. Pp. 188. Elyria, Ohio: National Society for Crippled Children in the United States of America, Inc., 1941.

(Continued on Page 14)



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BOOKS RECEIVED

(Continued from Page 10)

Standard Bodyparts Adjustment Guide. Traumatic Cases; Occupational Diseases; Disability Evaluations; Medical Fees, and Statutory Digests. Chicago: Insurance Statistical Service of North America, 1941.

BOOK REVIEWS

A Synopsis of Clinical Syphilis. By James Kirby Howles, B.S., M.D., M.M.S., Professor of Dermatology and Syphilology, and Director of the Department, Louisiana State University School of Medicine; Senior Visiting Physician, Charity Hospital of Louisiana at New Orleans; Visiting Physician, French Hospital, Mercy Hospital, Hotel Dieu, Southern Baptist Hospital and Touro Infirmary. Cloth. Pp. 671, with 121 Text Illustrations and 2 Color Plates. St. Louis: The C. V. Mosby Company, 1943.

Here is a very practical book. It is a compact readers' digest version of any good lengthy monograph on Syphilis. It is easy to read. References to facts desired are easily found. The work is up to date with descriptions of all of the newer procedures such as the massive treatment of Syphilis, fever therapy, etc. This book can be recommended to the busy practitioner and all others interested in this subject.

J. W.

Psychosomatic Medicine. The Clinical Application of Psychopathology to General Medical Problems. By Edward Weiss, M.D., Professor of Clinical Medicine, Temple University Medical School, Philadelphia; and O. Spurgeon English, M.D., Professor of Psychiatry, Temple University Medical School, Philadelphia. Cloth. Pp. 687. Philadelphia and London: W. B. Saunders Company, 1943.

The authors state, a particular part of their teaching at the Temple University Medical School has been known as a "psychosomatic conference," a teaching exercise for senior medical students. It consists of the presentation of patients from the general medical wards, who have been studied psychologically as well as medically. The idea and the case material for this book grew out of those conferences.

They hold that no work on psychosomatic medicine could have been attempted without the biologically oriented psychology of Freud.

The authors feel that the epochal discoveries of Freud, the researches mentioned and the compilation of literature by Dunbar, made the present work possible.

They have constructed the book so that the busy practitioner can read the first two chapters and the last four and get a general idea of the subject, and state if he is encouraged to read more they will consider their work well done.

Synopsis of Obstetrics. By Jennings C. Litzenberg, B.Sc., M.D., F.A.C.S., Professor Emeritus of Obstetrics and Gynecology, University of Minnesota Medical School, Minneapolis. Second Edition. Cloth. Price, $5.00. Pp. 405, with 157 Illustrations including 5 in Color. St. Louis: The C. V. Mosby Company, 1943.

This volume being a synopsis, limited space necessitated brevity and omission of the less essential details.

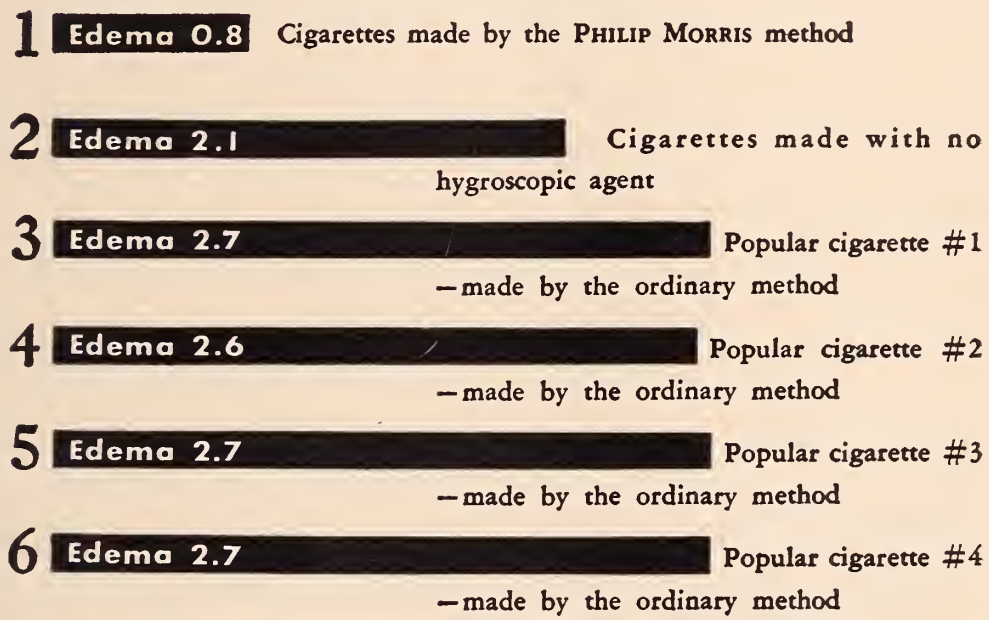
The aim has been to minimize the more or less irrelevant; to evaluate the questionable; to emphasize the important; and at the same time to maintain that balance between minimum and maximum stress so necessary to develop sound judgment.

Synopsis of Materia Medica, Toxicology, and Pharmacology. For Students and Practitioners of Medicine. By Forrest Ramon Davison, B.A., M.Sc., Ph.D., M.B.,

(Continued on Page 16)

How irritation varies— from different cigarettes

Tests made on rabbits' eyes reveal the influence of hygroscopic agents



CONCLUSION:* Results show that regardless of blend of tobacco, flavoring materials, or method of manufacture, the irritation produced by all ordinary cigarettes is substantially the same, and measurably greater than that caused by PHILIP MORRIS.

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N. Y. State Journ. Med. 35 No. 11,590* *Laryngoscope 1935, XLV, No. 2, 149-154*

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BOOK REVIEWS

(Continued from Page 14)

formerly Assistant Professor of Pharmacology in the School of Medicine, University of Arkansas, Little Rock. Medical Department, The Upjohn Co., Kalamazoo, Michigan. Third Edition. Cloth. Price, $6.50. Pp. 759, with 40 Illustrations, including 4 in Color. St. Louis: The C. V. Mosby Company, 1944.

The author of this book states he has kept in mind two guilding principles: First, that pharmacology is an integral part of medicine; obviously, the theoretical study of drugs should not be divorced from the practical application. Second, there should be a judicious limitation of the subject matter consistent with its importance in the field of medicine.

The rôle of drugs in the treatment of disease is illustrated by the large number of prescriptions of merit which are included in the text.

In the preface to the third edition, the author states that with the passing of time it has become necessary to place greater emphasis on some drugs and to relegate others to positions of less importance. Recent investigations have added much new and practical information on many drugs, including the sulfonamides, the vitamins of the B complex, vitamin K, the hormones, certain disinfectants, and microbiotic agents. These new drugs, plus the necessity of revaluating many of our older drugs, have made it necessary to revise the entire text. In compliance with numerous requests the chapter on Toxicology has been enlarged to include the material believed to be essential for medical practice.

Oral Pathology. A Histological, Roentgenological, and Clinical Study of the Diseases of the Teeth, Jaws, and Mouth. By Kurt T. Thoma, D.M.D., Professor of Oral

(Continued on Page 22)



THE SUNSET YEARS AND *Adequate Nutrition*

As the degenerative processes gain the upper hand during the last decade or two of life, profound changes occur in many metabolic mechanisms. The gastrointestinal tract for example becomes less tolerant of abuses, and difficulty is experienced in digesting some foods which formerly did not prove troublesome. The loss of vigor characteristic of senescence can easily be aggravated to a point of incapacitation if self-chosen eating habits are not altered to prevent nutritional deficiencies. For only by properly satisfying the nutritional requirements can adequate strength be maintained. Ovaltine is well tolerated by elderly persons. It supplies a wealth of nutrients which are readily metabolized and which are frequently lacking in the diets chosen during advanced years: biologically adequate protein, B complex vitamins, minerals, and vitamins A and D. Ovaltine is digested with ease, and its high content of diastatic enzyme makes it a valuable aid in the digestion of starchy foods. This delicious food-drink appeals to older persons, hence it can be included in their diet three times daily without meeting with resistance.

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CALCIUM	.25 Gm.	1.104 Gm.	RIBOFLAVIN	.25 mg.	1.278 mg.
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*Each serving made with 8 oz. of milk; based on average reported values for milk.

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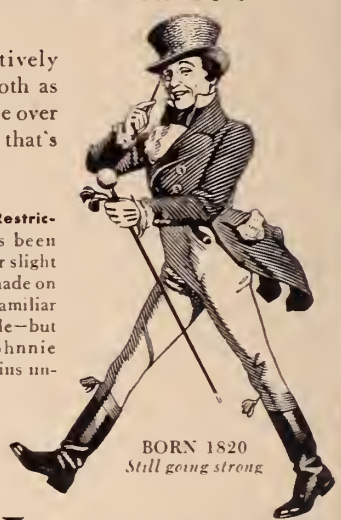


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BOOK REVIEWS

(Continued from Page 16)

Surgery and Brackett Professor of Oral Pathology, Harvard University; Oral Surgeon and Chief of Dental Service, Massachusetts General Hospital; Oral Surgeon to Brooks Hospital; Dental Surgeon to Dental Department and Consultant in Oral Surgery to Tumor Department, Boston Dispensary and Joseph H. Pratt Diagnostic Clinic; Consulting Oral Surgeon, New England Baptist Hospital; Consulting Oral Surgeon, Beth Israel Hospital. Second Edition. Cloth. Price, $15.00. Pp. 1328, with 1388 Illustrations, including 128 in Color. St. Louis: The C. V. Mosby Company, 1944.

"A man's practice is as his knowledge of pathology." In these words Osler pointed out the importance of pathology as a fundamental science of great practical value. It teaches the student to visualize the process of disease, endows the diagnostician with a sixth sense, and guides the clinician in his selection and use of therapeutic methods. The ever-increasing interest in the study of pathology exhibited by the dental profession is a source of great satisfaction to pathologists, who have responded to this interest by expanding their investigations to include this special field.

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(Continued in Back Advertising Section, Page 44)

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Mom says you must be brave. "It's what your father would expect of us," she tells you when it's bedtime and your chin starts to feel shaky. Then she kisses you extra hard and turns her head away so you can't see her eyes.

You've never let her see you cry. Not once, since that telegram came and she twisted it all up in a ball, then smoothed it and put it in the desk.

But, lying in bed, you play "Pretend" — pretend you can hear his step as he comes up to your room — pretend you can feel a stubble brush your forehead. And sometimes, in the dark, you can almost smell a cigarette-y suit close to your face.

Later you dream — dreams that you don't tell about. And in the morning you wake up with that funny, empty feeling in your stomach.

★ ★ ★

Poor little guy. We — all of us — wish there were something we could do. Perhaps there is. Why shouldn't it be this?

We can resolve that the plans your father had for you shall remain within your reach, that you shall have the chance to grow and learn, that your opportunities will be bounded only by your own get-up-and-go, that you will progress and prosper in direct relation to your own ability — in a land of freedom and opportunity.

Those are the things your Dad valued, the things for which he gave his life. Though some may strive to change all that — provide you with the "benefits" of an all-powerful government, the "advantages" of regimentation, the "blessings" of bureaucracy — we can resolve they won't succeed.

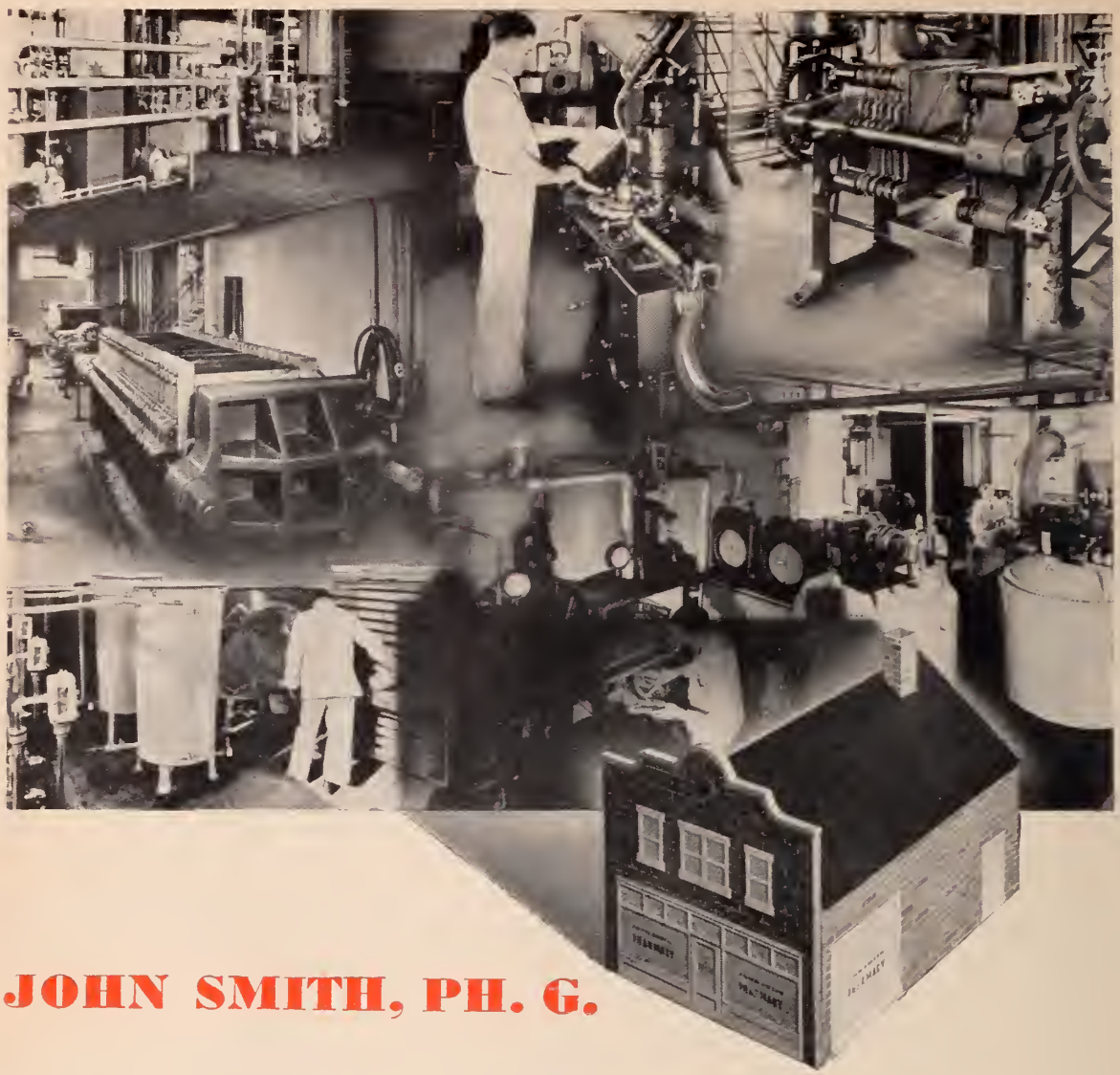
★ ★ ★

You, son, won't read these words, and if you did, they wouldn't mean much to you now. But your father's friends — known and unknown — are making you a promise, just the same.

You may never hear it from their lips. But if you were older you would read it in their faces — recognize it in their spirit. They are determined to keep America free. To keep it a land in which government is the servant, not the master of the people. To keep it the kind of America your Dad wanted to preserve — for you.

This advertisement was originally produced and published by the Chesapeake and Ohio Railway and is reprinted with its permission by

MEAD JOHNSON & COMPANY
Evansville 21, Indiana, U.S.A.



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JOHN SMITH is one of the many highly-respected pharmacists of the Central West. His professional service, not only to physicians but to their patients as well, is unexcelled. His stocks are complete in every detail and, whether he makes it in his own laboratory or buys it from an outside source, the medicament prescribed is always promptly available.

As a matter of fact, Mr. Smith does make many preparations himself. But there are others which it is much more practicable to buy. For example, shortly after Mr. Smith opened his store in the early twenties, the medical press began to carry stories concerning a group of scientists in the East, who had found that the feeding of liver would produce new red blood cells. In a little while, Lilly medical service representatives were discussing liver extract with the medical profession.

The production and standardization of liver extract is but one of the many contributions Eli Lilly and Company has been privileged to make to medical practice and to the professional service of the Pharmacists Smith of the Nation.

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CALIFORNIA
AND
WESTERN MEDICINE

Official Journal of the California Medical Association
FOUR FIFTY SUTTER, ROOM 2004, SAN FRANCISCO

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VOLUME 60

APRIL, 1944

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$5.00 A YEAR

Part I

Annual Session Program

Los Angeles, California, May 7-8, 1944
Seventy-third Annual Session

(For Index of Speakers, see Page 151)

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Part II

Pre-Convention Program

Reports of Officers and Committees

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KARL L. SCHAUPP
President, California Medical Association
1944

SALUTATION FROM PRESIDENT SCHAUPP

To Members of the California Medical Association—

Greetings:

It is needless to say that with our country at war all our major efforts must be directed toward its winning. Civilian activities, important as they may be, have to take second place to the war effort.

The medical profession has been called upon to provide men for the Armed Forces, and at the same time, to give adequate care to war workers and civilians. It is at this time that the efficiency and loyalty of the medical profession is bearing fruit, because of the years of free development of our system of medical service, yet unfortunately, at this very same time, the greatest attacks are being made upon it by those who wish to regiment the practice of medicine, and to destroy what we believe to be its efficiency.

It is important that we remain sane in our attitude toward the changed scene and lend our best efforts to directing the future development; so that the health of the citizenry is protected and that our system of medicine be not destroyed. To this end we must be constructive. We must offer methods of meeting the need which cannot be met by opposition alone.

Your officers and your Council have made, and will continue to make, every effort to be constructive, but all such efforts will be useless without the wholehearted support and coöperation of all the individual members. As a matter of fact, they are your officers and your Council. It is your duty to direct them.

Cordially,

KARL L. SCHAUPP, M.D.,
President.

SEVENTY-SECOND ANNUAL SESSION
CALIFORNIA MEDICAL ASSOCIATION



ALICE HAMILTON, Guest Speaker
Professor of Industrial Medicine
Harvard Medical School
Boston



LOWELL S. GOIN
President-Elect
Los Angeles

SECTION OFFICERS



MAST WOLFSON
Chairman, General Medicine



J. NORTON NICHOLS
Chairman, General Surgery



PHILIP H. ARNOT
Chairman, Obstetrics and Gynecology



JOHN MARTIN ASKEY
Secretary, General Medicine



LEON GOLDMAN
Secretary, General Surgery



DANIEL G. MORTON
Secretary, Obstetrics and Gynecology



RICHARD O. SCHOFIELD
Chairman, Industrial Medicine
and Surgery



JOHN E. KIRKPATRICK
Secretary, Industrial Medicine
and Surgery



J. S. KASANIN
Chairman, Neuropsychiatry

SECTION OFFICERS



CLARENCE WILMOT OLSEN
Secretary, Neuropsychiatry



ARNO G. FOLTE
Chairman, Urology



PAUL A. FERRIER
Secretary, Urology



WILLIAM C. DEAMER
Chairman, Pediatrics



HOWARD R. COODER
Secretary, Pediatrics



ROY W. JOHNSON
Chairman, Radiology



EARL R. MILLER
Secretary, Radiology



GEORGE McCLURE
Chairman, Eye, Ear, Nose
and Throat



WALTER R. CRANE
Secretary, Eye, Ear, Nose
and Throat

SECTION OFFICERS



H. A. EDMONDSON
Chairman, Pathology and Bacteriology



R. H. OSBORNE
Secretary, Pathology and Bacteriology



EVELYN H. CASE
Chairman, Anesthesiology



C. EUGENE SCHUETZ
Secretary, Anesthesiology



IRVING R. BANCROFT
Chairman, Dermatology and Syphilology



CHRIS R. HALLORAN
Secretary, Dermatology and Syphilology



WILTON L. HALVERSON
Chairman, Public Health



GEORGE M. UHL
Secretary, Public Health

Part I

PROGRAM

SEVENTY-THIRD ANNUAL SESSION *of the* CALIFORNIA MEDICAL ASSOCIATION

TO BE HELD AT

THE BILTMORE HOTEL, LOS ANGELES

MAY 7-8, 1944

OFFICERS AND COMMITTEES, 1944

GENERAL OFFICERS*

KARL L. SCHAUPP, San Francisco, President
LOWELL S. GOIN, Los Angeles, President-Elect
WILLIAM R. MOLONY, SR., Los Angeles, Past President
E. VINCENT ASKEY, Los Angeles, Speaker of House of Delegates
P. K. GILMAN, San Francisco, Chairman of Council
GEORGE H. KRESS, San Francisco, Secretary-Editor
JOHN HUNTON, San Francisco, Executive Secretary
HARTLEY F. PEART, San Francisco, General Counsel

I

MEMBERS OF HOUSE OF DELEGATES — 41st ANNUAL SESSION

TOTAL DELEGATES (187)
DELEGATES EX OFFICIO (21)

Karl L. Schaupp, San Francisco.....President
Lowell S. Goin, Los Angeles.....President-Elect
William R. Molony, Sr., Los Angeles.....Past President
E. Vincent Askey, Los Angeles.....
.....Speaker of House of Delegates
L. A. Alesen, Los Angeles.....
.....Vice-Speaker of House of Delegates
George H. Kress, San Francisco.....
.....Secretary-Treasurer-Editor
Calvert L. Emmons, Ontario (1944).Councilor 1st District
Donald Cass, Los Angeles (1945)..Councilor 2nd District
Harry E. Henderson, Santa Barbara (1946).....
.....Councilor 3rd District
Axcel E. Anderson, Fresno (1944)..Councilor 4th District
R. Stanley Kneeshaw, San Jose (1945).....
.....Councilor 5th District
John W. Cline, San Francisco (1946).....
.....Councilor 6th District
Lloyd E. Kindall, Oakland (1944)..Councilor 7th District
Frank A. MacDonald, Sacramento (1945).....
.....Councilor 8th District
John W. Green, Vallejo (1946).....Councilor 9th District
Philip K. Gilman, San Francisco (1944).....
.....Councilor-at-Large
Sam J. McClendon, San Diego (1945).Councilor-at-Large
Edward B. Dewey, Pasadena (1946)..Councilor-at-Large
E. Earl Moody, Los Angeles (1944)...Councilor-at-Large
Edwin L. Bruck, San Francisco (1945) Councilor-at-Large
Dewey R. Powell, Stockton (1946)....Councilor-at-Large

ELECTED DELEGATES (166)

Delegates	*Alternates*
Alameda County (13)	
Burton Adams	C. J. Attwood
Carl Bowen	S. H. Babington
Charles De Vaul	W. H. Baughman
Robert A. Glenn	J. D. Coate
Lester Lawrence	P. J. Dick
Theodore C. Lawson	Grant Ellis
Norman B. Leet	Ray Fisher
Donald D. Lum	E. D. Ivey
Clifford W. Mack	Marvin E. Kirk
George McClure	Edith M. Meyers
A. M. Meads	B. M. Palmer
John W. Sherrick	Henri Shefoff
H. J. Templeton	Helen J. Snook
Butte-Glenn County (1)	
Daniel H. Moulton	J. O. Chiapella
Contra Costa County (2)	
Kaho Daily	L. A. Hedges
L. H. Fraser	S. N. Weil
Fresno County (3)	
R. W. Dahlgren	K. D. Luechauer
E. C. Halley	L. G. Price
G. W. Walker	E. R. Scarboro
Humboldt County (1)	
Joseph S. Woolford	Samuel P. Burre

* For Rosters of Councilors, Standing and Special Committees, and Officers of Component County Medical Societies, see in this issue, on advertising pages 2, 4 and 6. Full roster is omitted here, due to lack of space.

Delegates	*Alternates*
Imperial County (1)	
T. E. Bartholomew	Charles Brooks
Inyo-Mono County (1)	
Charles W. Anderson	Lloyd S. Bambauer
Kern County (2)	
Frank J. Gundry	J. Headen Inman
William H. Moore	Sophie M. Loven
Kings County (1)	
Lionel Sorenson	C. G. Newbecker
Lassen-Plumas-Modoc County (1)	
G. S. Martin	W. B. McKnight
Los Angeles County (59)	
Eliot Alden	Harry E. Anderson
C. Max Anderson	Robert L. Belt
William Nance Anderson	Paul C. Blaisdell
John Martin Askey	Peter H. Blong
Samuel Ayres, Jr.	Lewis P. Bolander
Wilbur Bailey	Frank J. Breslin
Roger W. Barnes	John MacKenzie Brown
Conrad J. Baumgartner	John A. Bullis
A. Elmer Belt	James E. Burns
Alex A. Blatherwick	Ernest G. Butt
William C. Boeck	William M. Byers
Karl M. Bonoff	John Frye Chapman
Howard W. Bosworth	Fred B. Clarke
K. C. Brandenburg	Finnis G. Cooper
William H. Brownfield	John C. Cottrell
Donald A. Charnock	Henry L. Davis
Lyle G. Craig	Kenneth S. Davis
Jay J. Crane	Howard O. Dennis
John W. Crossan	Robert C. Donham
Harold E. Crowe	James C. Doyle
Philip J. Cunnane	G. R. Dunlevy
William H. Daniel	Franklin Farman
John B. Doyle	Paul A. Ferrier
B. R. Dysart	Lawrence K. Gundrum
Ralph B. Eusden	Paul M. Hamilton
Alvin G. Foord	Arthur Fletcher Hall
Orrie E. Ghrist	Edward William Hayes
William M. Gibbs	Lawrence M. Hill
Joseph F. Griggs	Elizabeth Mason Hohl
Roy W. Hammack	Ralph L. Kirsch
Eugene F. Hoffman	E. D. Kremers
Carl R. Howson	Grant H. Lanphere
Newell Jones	Karl Lewis
William H. Kiger	John P. Lordan
S. G. Kreinman	Hugh MacLean
William P. Kroger	Angus C. McDonald
T. J. Laughlin	Robert J. Moes
Louis E. Mahoney	Paul H. Moore
Harold K. Marshall	Seeley G. Mudd
H. G. McNeil	J. C. Negley
Carl L. Mulfinger	J. E. Neville
Thomas Chalmers Myers	Edward F. Nippert
Frank W. Otto	John P. Nuttall
Edward M. Pallette	William H. Olds
Edwin F. Patton	Carl H. Parker
Paul A. Quaintance	Fenn E. Poole
Burrell O. Raulston	Edward N. Reed
Louis J. Regan	Lester H. Rhymes
E. T. Remmen	W. W. Schultz
Eric A. Royston	George S. Sharp
Carl F. Rusche	LeRoy B. Sherry
Edward S. Ruth	Ralph T. Smith
Kenneth E. Smiley	Raymond W. Swinney
Philip Stephens	Roy E. Thomas
F. C. Swearingen	Harold Lincoln Thompson
Donald G. Tollefson	William Benbow Thompson
Robert A. Walker	J. N. Van Meter
Howard F. West	George D. Wells
Harry J. Wiley	Daniel L. Woods
Marin County (1)	
Rodney B. Hartman	Carl W. Clark
Mendocino-Lake County (1)	
L. K. Van Allen	Edward Macklin
Merced County (1)	
C. C. Fitz Gibbon	George B. Pimentel
Monterey County (2)	
S. Condit Glasgow	John H. Gratiot
J. B. McCarthy	Frank E. Wiebe
Napa County (1)	
Dwight H. Murray	R. C. Burkett
Orange County (3)	
John D. Ball	L. J. Hannon
M. W. Hollingsworth	Ralph E. Hawes
H. A. Johnston	B. J. Van Doren

Delegates	*Alternates*
Placer-Nevada-Sierra County (1)	
William M. Miller	Max Dunievitz
Riverside County (2)	
Bon O. Adams	W. K. Templeton
D. D. Roos	O. W. Wheeler
Sacramento County (4)	
Edward S. Babcock	George A. Briggs
Wayne S. Pollock	Herbert Burden
F. N. Scatena	Paul Guttman
William J. Van Den Berg	Norris R. Jones
San Benito County (1)	
Eberle Sheldon	Roswell L. Hull
San Bernardino County (4)	
Walter S. Cherry	John L. Nevin
Ray M. Moose	Emmett L. Tisinger
Robert C. Nichols	Arthur E. Varden
E. Wilton Thomas	Thomas I. Zirkle
San Diego County (7)	
A. E. Blondin	Damon E. Corbin
W. H. Geistweit, Jr.	E. M. MacKay
A. E. Moore	L. H. Redelings
W. H. Newman	W. Don Rolph
Bryant R. Simpson	R. H. Sundberg
John Thorpe Wells	H. C. Torbert
Martha Welpton	Joseph Weinberger
San Francisco County (24)	
Walter Beckh	S. Frederick Boyle
H. Glenn Bell	William A. Carroll
Frederic C. Bost	Clarence B. Cowan
Howard A. Brown	William C. Deamer
Jesse L. Carr	Anthony B. Diepenbrock
L. R. Chandler	Leonard G. Dobson
Chester L. Cooley	Henry L. Gardner
Wilbur J. Cox	Kenneth D. Gardner
Martin W. Debenham	Leon Goldman
G. Dan Delprat	Allen T. Hinman
Lloyd B. Dickey	Gertrude F. Jones
Henry Gibbons, III	Charles W. Leach
John M. Graves	Salvatore P. Lucia
Nelson J. Howard	Clayton G. Lyon
Alson R. Kilgore	Mary E. Mathes
Frederick W. Kroll	Horace J. McCorkle
Stanley H. Mentzer	Earl R. Miller
Charles A. Noble, Jr.	Miriam Miller
George W. Pierce	Gunther W. Nagel
J. Marion Read	Mary B. Olney
Roland P. Seitz	James Ownby, Jr.
Sidney J. Shipman	Walter W. Port
Daniel W. Sooy	Vance M. Strange
Robertson Ward	Helen B. Weyrauch
San Joaquin County (3)	
C. A. Broaddus	Samuel Hanson
J. Frank Doughty	Albert K. Merchant
Raymond L. Owens	Elmer Smith
San Luis Obispo County (1)	
F. F. Ragsdale	Frederick R. Mugler
San Mateo County (2)	
Carl D. Benninghoven	Erma Macomber
Logan Gray	Robert F. Monteith
Santa Barbara County (3)	
Hugh F. Freidell	Harry C. DeVighne
C. W. Henderson	William H. Johnston
Alfred B. Wilcox	Albert Q. Spaulding
Santa Clara County (5)	
A. J. Baiocchi	Edward A. Amaral
C. Kelly Canelo	Burt Davis
Horace Jones	George Hall
Dell T. Lundquist	Harry Hoag
John Hunt Shephard	A. A. Shufelt
Santa Cruz County (1)	
A. J. Sambuck	A. A. Cowden
Shasta County (1)	
John E. Kirkpatrick	Guy Leslie Kay

Delegates	*Alternates*
Siskiyou County (1)	
James B. McGuire	F. W. Martin
Solano County (1)	
H. Randall Madeley	Arvil E. Chappell
Sonoma County (2)	
William N. Makaroff	Kathleen G. Morris
Henry S. Rogers	D. C. Oakleaf
Stanislaus County (2)	
J. L. Azevedo	J. A. Cooper
F. R. DeLappe	Julian Edmond
Tehama County (1)	
A. H. Meuser	James L. Faulkner
Tulare County (2)	
Frank R. Guido	C. S. Ambrose
Karl Weiss	Frank Wiens
Ventura County (2)	
F. A. Shore	R. B. Armitstead
Artemus Strong	A. H. Stoll
Yolo County (1)	
W. J. Blevins, Jr.	L. A. Cronan
Yuba-Sutter-Colusa County (1)	
J. W. Lindstrum	P. Hoffman

HOUSE OF DELEGATES MEETINGS

41ST ANNUAL SESSION

The House of Delegates will convene in the Music Room (entrance from East-West Galeria) on Sunday, May 7, 1944 at 12:00 noon.*

Speaker, E. VINCENT ASKEY, *Los Angeles*

Vice-Speaker, L. A. ALESEN, *Los Angeles*

Secretary, GEORGE H. KRESS, *San Francisco*

AGENDA

FIRST MEETING

Sunday, May 7, 1944, at 12 o'clock, noon

Order of Business

1. Call to order.
2. Report of Committee on Credentials.
3. Roll call.
4. Announcement and approval of Reference Committees.†
 - *(a)* Committee on Credentials.
 - *(b)* Reference Committee on the Reports of Officers and Standing Committees (Reference Committee No. 1.)
 - *(c)* Reference Committee on the Report of the Council and the Report of the Secretary-Treasurer. (Reference Committee No. 2.)
 - *(d)* Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business. (Reference Committee No. 3.)
5. President's address—Karl L. Schaupp.
 Reports:†
6. Report of the Council—Philip K. Gilman, Chairman.
7. Report of the Trustees of the California Medical Association—Philip K. Gilman, President.
8. Report of the Auditing Committee—John W. Cline, Chairman.
9. Report of the Secretary-Treasurer—George H. Kress.
9(a). Report of the Executive Secretary—John Hunton.
10. Report of the Editor, George H. Kress.
10(a). Reports of District Councilors and Councilors-at-large.
11. Recess.—(Note. At 3:00 P.M. the House of Delegates will recess; and elected and ex-officio members of the House will meet under the chairmanship of California Physicians' Service, to act as the Board of Administrative Members of California Physicians' Service. At the end of the C.P.S. meeting, the House of Delegates will again convene in its capacity as the House of Delegates of the California Medical Association.)
12. Report of General Counsel—Hartley F. Peart.
13. Reports of Standing and Special Committees:

A. Standing Committees.

- Executive Committee—John W. Cline.
- Committee on Associated Societies and Technical Groups—John V. Barrow.
- Committee on Audits—John W. Cline.
- Committee on Health and Public Instruction—John Ruddock.
- Committee on History and Obituaries—Morton R. Gibbons, Sr.
- Committee on Hospitals, Dispensaries, and Clinics—J. Norman O'Neill.
- Committee on Industrial Practice—Donald Cass.
- Committee on Medical Defense—Nelson J. Howard.
- Committee on Medical Economics—Glen F. Cushman.
- Committee on Medical Education and Medical Institutions—B. O. Raulston.
- Committee on Membership and Organization—L. A. Alesen.
- Committee on Postgraduate Activities—F. S. Clough.
- Committee on Publications—George W. Walker.
- Committee on Public Policy and Legislation—Dwight H. Murray.
- Committee on Scientific Work (Annual Session)—George H. Kress.
- Cancer Commission—Harold Brunn.

B. Special Committees.

- Committee on Physicians' Benevolence—Axcel E. Anderson.
- Committee on Industrial Fee Table—Hartley F. Peart, Esq.
- Committee on Maternity-Pediatric Plan of Federal Children's Bureau—Karl L. Schaupp.
- Special Liaison Committee of C.M.A.—John W. Cline.
- Committee on Osteopathy in California—Philip K. Gilman.
- Committee on Public Relations Survey—E. Vincent Askey.
- Committee on Vocational Rehabilitation—J. B. Harris.

* In order to permit the House of Delegates to be called to order promptly, all delegates are requested to register with the Credentials Committee in the foyer section of the Music Room.

† Committees will be announced in programs to appear later.

Excerpt from the California Medical Association By-Laws: Chapter III, Section 6, Paragraphs *(a)* and *(b)*.

"Section 6 *(a)*. Appointment of Committee on Credentials and three Reference Committees.

Prior to or at the beginning of an annual session, the Speaker of the House shall appoint from the members thereof the following committees:

1. Committee on Credentials.
2. Reference Committee on the Reports of Officers, Standing Committees.
3. Reference Committee on the Report of the Council Report of the Secretary-Treasurer, and Report of Executive Secretary.
4. Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business.

(b) Membership of Credentials and Reference Committees.

Each of the aforesaid committees shall consist of three members, the chairman of each to be designated by the Speaker.

The Speaker, the House concurring, shall refer said reports, resolutions, and business to the respective Reference Committees, but may allocate among them any of said reports, resolutions or portions thereof, and other business, to avoid duplication and to expedite the business of the House of Delegates.

The Reference Committee shall present written reports dealing with and making recommendations on all matters submitted to them. The report of each committee shall be read by its chairman first as a whole, and the House of Delegates shall then act and vote upon the report as a whole or section by section, as it may deem best."

† Reports of officers, standing and special committees appear in full text in the "Pre-Convention Bulletin."

Committee on Medical and Hospital Care for Low Income Bracket Groups—R. Stanley Kneeshaw.
Committee on Permanente Foundation Hospitals —Lloyd E. Kindall.
Committee on Postwar Plans of Medical Service and Social Security—Dewey R. Powell.
Committee on Public Relations Publicity—R. Stanley Kneeshaw.
Committee on Revision of A.M.A. Code of Ethics —Lowell S. Goin.
Committee on Postgraduate Courses for Military Members—Calvert L. Emmons.

14. Unfinished Business.
Proposed amendments to Constitution. (See Addendum which appears below.)
Proposed amendments include:
(a) Proposed Amendment to Constitution No. 1 (Concerning Annual Allocation of One Dollar from State Association Dues to C.M.A. Physicians' Benevolence Fund.)

15. Resolutions and New Business.
(NOTE: *All resolutions must be in writing, in triplicate, and be handed to the Secretary of the House of Delegates at time of presentation.*)

16. Approval of Minutes.

17. Adjournment of the First Meeting of the House.

SECOND MEETING

Monday, May 8, at 1:00 p.m. In Music Room, off the East-West Galeria
Order of Business

1. Call to order.
2. Supplemental Report of Credentials Committee.
3. Roll Call.
4. Secretary's announcement of Council's selection of place for the 1945 annual session.
5. Election of Officers:
(a) President-Elect.
(b) Speaker.
(c) Vice-Speaker.

(d) District Councilors**:
First District—Calvert L. Emmons, Ontario (term expiring).
Fourth District—Axcel E. Anderson, Fresno (term expiring).
Seventh District—Lloyd E. Kindall, Oakland (term expiring).

(e) Councilors-at-Large:
(Note.—*Each vacancy among Councilors-at-Large, Delegates and Alternates is considered in turn. Each election item is for a specific vacancy.*)
Philip K. Gilman, San Francisco (term expiring).
E. Earl Moody, Los Angeles (term expiring).

(f) Delegates to the American Medical Association:
(A) For terms: January 1, 1945-December 31, 1946
Incumbents*
(1) Edward N. Ewer, Oakland (term expiring).
(2) William H. Kiger, Los Angels (term expiring).
(3) Robert A. Peers, Colfax (term expiring).
(4) William R. Molony, Sr., Los Angeles (term expiring).

(B) Resignations (Unexpired Terms)
For terms: (To complete unexpired terms as indicated)
(5) Lyell C. Kinney, San Diego (Resigned). Term to December 31, 1945.
(6) Lowell S. Goin, Los Angeles (Resigned). Term to December 31, 1945.
(7) Henry S. Rogers, Petaluma (Resigned). Term to December 31, 1945.
(7A) Dwight L. Wilbur, San Francisco (Resigned). Term to December 31, 1945.

(g) Alternates to the American Medical Association. (Each member elected is alternate to a specific delegate):

(A) For terms: January 1, 1934-December 31, 1946
Incumbents
(8) Robert T. Legge, Berkeley. Alternate to Edward N. Ewer. (Term expiring.)
(9) Donald G. Tollefson, Los Angeles. Alternate to William H. Kiger. (Term expiring).
(10) Frederick N. Scatena, Sacramento. Alternate to Robert A. Peers. (Term expiring).
(11) Ralph B. Eusden, Long Beach. Alternate to William R. Molony, Sr. (Term expiring).

(B) Resignations (Unexpired Terms)
For terms: (To complete unexpired terms as indicated)
(12) Robert T. Legge, Berkeley. Alternate to Edward N. Ewer. (Resigned). Term to December 31, 1944.
(13) Frederick N. Scatena, Sacramento. Alternate to Robert A. Peers. (Resigned). Term to December 31, 1944.
(14) Ralph B. Eusden, Long Beach. Alternate to William R. Molony, Sr. (Resigned). Term to December 31, 1944.
(15) Loren R. Chandler, San Francisco. Alternate to Dwight L. Wilbur. (Resigned). Term to December 31, 1945.
(16) Robert S. Stone, San Francisco. Alternate to Henry S. Rogers. (Resigned). Term to December 31, 1945.
(17) Donald G. Tollefson, Los Angeles. Alternate to William H. Kiger. (Resigned). Term to December 31, 1944.

6. Announcement and Approval of Members of Standing Committees Elected by the Council.
7. Report of Reference Committees:
(a) Report of Conference Committee on "Reports of Officers and Standing Committees," (Reference Committee No. 1).
(b) Report of Reference Committee on "Report of the Secretary-Treasurer, and Report of the Executive Secretary," (Reference Committee No. 2).
(c) Report of Reference Committee on "Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business," (Reference Committee No. 3).
8. Unfinished Business.
9. Presentation of Officers:
President
President-Elect
Speaker
Vice-Speaker
10. Presentation of Certificate to Retiring President Karl L. Schaupp.
11. Approval of Minutes.
12. Adjournment.

E. VINCENT ASKEY, *Speaker,*
GEORGE H. KRESS, *Secretary.*

* Delegates are elected for two calendar years. Terms of Delegates elected for 1943-1944 expire on December 31, 1944, and so on. Delegates for calendar years 1945-1946 will be elected at the C.M.A. Annual Session in May, 1944. Resignations are for unexpired terms.

** Procedure for nomination of District Councilors is outlined in paragraph 3 of Article VII, Section 1, adopted on May 8, 1940:

The nine district Councilors shall be elected as follows:

Prior to the time set for election of district Councilors, the delegates of each Councilor district for which a councilorship is about to become vacant, shall submit in writing to the Secretary-Treasurer the names of one or more nominees to fill the said vacancy.

The Secretary-Treasurer shall transmit the names of such nominee or nominees so submitted to him to the House of Delegates on or before the time set for the election.

A vote shall be taken by the House of Delegates upon the nominee or nominees so submitted and, in the event that only one nominee has been submitted, the House of Delegates may, by a majority vote, either elect or refuse to elect said nominee.

If the House of Delegates shall reject the sole nominee of the delegates from the councilorship district, concerned, then said delegates must immediately thereafter submit an additional nominee or nominees and the House shall proceed to vote thereon; if there is but one nominee, the House may elect or reject.

If, after such time as the Speaker may allow, delegates within such councilor district fail to submit an additional nominee or nominees, the House of Delegates may then proceed to make nominations from the floor of the House and a vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship.

All nominees for district councilorships must be members in good standing, residing within the district in which the vacancy exists.

SCIENTIFIC ASSEMBLY—GENERAL AND SECTION MEETINGS

II

GENERAL MEETINGS

For index of speakers, see page 151

All General Meetings will be held in the Ball Room (at the south end of the North-South Galeria)

Section Meetings (with exception of E. E. N. and T.) will be held in Conference Rooms (near Grand Avenue entrance of East-West Galeria; use stairway to mezzanine floor).

First General Meeting
Sunday Morning, May 7, 1944, at 9:00 a. m.
Presiding
William R. Molony, Sr., *Past President*
Karl L. Schaupp, *President*

(1)

Invocation—Reverend Solanus Crowley, O.F.M.

(2)

Address of Welcome—L. A. Alesen, M. D., President of the Los Angeles County Medical Association.

(3)

Greetings from the Woman's Auxiliary—Mrs. C. C. Landis, President of the Woman's Auxiliary to the California Medical Association.

(4)

Address of President—Karl L. Schaupp, M. D., San Francisco, President of the California Medical Association.

(5)

Progress of the Program of Procurement and Assignment Service for Physicians in California—Harold A. Fletcher, M. D., San Francisco, Chairman, and Edward M. Pallette, M. D., Los Angeles, Vice-Chairman.

(6)

New Problems in the Field of the Industrial Toxicologist—Alice Hamilton, M.D., Professor of Industrial Medicine, Harvard University Medical School, Boston, Massachusetts.

The replacement of old, familiar industrial poisons by new and unfamiliar ones; the return of discarded toxic materials to renewed use; the employment on a large scale of rare and little known metals and volatile organic compounds; all these changes bring new problems to the industrial physician, and all are greatly increased by the change from peace-time to war-time production.

(7)

Aviation Medicine, A Specialty in War and Peace—Brig. Gen. Charles R. Glenn (M.C.), Surgeon, Army Air Forces Western Flying Training Command, Ft. Worth, Texas.

This paper will give a short history of the development of Aviation Medicine from its start at the time of the First World War, and will deal with the development of the School of Aviation Medicine as it has been developed in the Army as one of the chief Medical Service Schools. It will cover the particular problems which are special to aviation, particularly those concerned with the effects of anoxis, with oxygen equipment, and will also pay particular attention to the psychological problems which are peculiar to flying personnel. The physical standards for flying will be described, with the reasons for particular restrictions.

Second General Meeting
Sunday Afternoon, May 7, 1944, at 1:30 p. m.
Presiding: Karl L. Schaupp, President;
J. Norton Nichols, Chairman, Section on Surgery

SYMPOSIUM ON AMPUTATIONS

(8)

Organization and Operation of an Amputation Center—Captain J. P. Owen (MC), USN, Medical Officer in Command, U. S. Naval Hospital, Mare Island.

Patients are evacuated from combat areas and from other Naval hospitals to the Amputation Center for revision and after care. Suitable prosthesis in each case is constructed and the amputee is trained in the use of this appliance.

During the time of conditioning the patient, vocational advisement and training prepare the amputee for suitable employment.

(9)

Surgical Problems in an Amputation Center—Captain J. M. Greer (MC), USNR, Chief of Surgery, U. S. Naval Hospital, Mare Island.

The major surgical problem in an Amputation Center is wound healing. Complications which delay wound healing are, infection, avitaminosis, circulatory disturbances, etc. Operational and general methods are discussed and presented.

Intercurrent diseases also have to be considered in an Amputation Center, such as, appendicitis, kidney stone, arteriovenous aneurism, etc.

(10)

Amputations of the Hand and Fingers—Lt. Comdr. G. B. O'Connor (MC), USNR, U. S. Naval Hospital, Mare Island.

The problem of fingers and hand amputations is discussed from the point of view of:

1. Immediate management.
2. Treatment of complications.
3. Special plastic procedures that are employed in combating individual defects.

(11)

Amputations of the Upper Extremities—Captain H. H. Kessler (MC), USNR, U. S. Naval Hospital, Mare Island.

In designing a prosthesis for the arm amputee, an analysis must be made of his total personality, his background, and further vocational needs. Many amputees can get along without prosthesis. Others, whose work demands are heavy, will require a mechanical or work arm with hook appliances. Still others in varied mechanical or sedentary trades will benefit from the use of a cineplastic type of prosthesis, or Krukenberg operation.

(12)

Amputations of the Lower Extremities—Comdr. D. D. Toffelmier (MC), USNR, U. S. Naval Hospital, Mare Island.

The surgical management of guillotine amputations of the lower extremities includes the promotion of healing by means of traction and the revision of the stump in an attempt to produce one of the four standard types of amputations:

1. Symes.
2. Below the knee.
3. Gritti-Stokes.
4. Thigh-Junction of middle and lower thirds.

The after care includes the conditioning of the stump and the application of a specially fitted plastic leg.

Each of these presentations will be illustrated by a 16 mm. moving picture film.

✤

Third General Meeting

Monday Morning, May 8, 1944, at 9:00 a. m.

Presiding: Karl L. Schaupp, President;
Mast Wolfson, Chairman, Section on Medicine

(13)

The Exfoliation of Cells in Uterine Cancer. Its Importance in Diagnosis—Herbert F. Traut, M. D., University of California Hospital, San Francisco.

It has been discovered that malignant lesions of the cervix, endocervix, and fundus uteri shed their superficial cells in a more or less constant manner even in the very early lesions. The posterior vagina constitutes a receptacle in which exfoliated cells accumulate and become mixed with mucous so that when aspirated and spread on a glass slide they may be stained. After experience one can learn to distinguish these malignant cells not only as to malignancy but as to the type of cell from which they arose. Inasmuch as very early lesions can thus be revealed the method may prove to be of considerable importance in bringing patients to treatment early in the course of their disease.

(14)

Practical Aspects of Tropical Medicine in America—Thomas B. Dunn, M. D., 1624 Franklin Street, Oakland.

There seems to be a great fear of spread of tropical diseases in this country. I shall try and point out in my paper that the problem does not lie in prevention, but rather in all clinicians being sufficiently informed to be able to recognize tropical disease in the men returning.

(15)

Diagnosis of Industrial Poisoning—Alice Hamilton, M.D., Harvard Medical School, Boston, Massachusetts (Guest Speaker).

The diagnosis of industrial disease presents difficulties which do not enter into the diagnosis of non-industrial disease because inevitably legal and financial elements enter in to complicate the problem. Yet correct diagnosis is of special importance, since a mistake may permit the patient to return to his former work, with disastrous consequences. The most important detail in diagnosis is the occupational history.

(16)

Carbon Tetrachloride Poisoning—Comdr. B. E. Konwaler (MC), USNR, U. S. Naval Hospital, Mare Island.

The dangers of exposure to carbon tetrachloride are presented. Carbon tetrachloride is a potent renal poison. In severe cases, acute toxic nephrosis with uremia may result. Hepatitis is also found but is not marked. Alcohol ingestion, prior to exposure, plays a synergistic rôle. Three cases, illustrating three grades of severity of intoxication from carbon tetrachloride, are presented. The necropsy findings of a fatal case are described and discussed.

(*Five Minute Recess*)

Clinical-Pathological Conference

(Note. Copies of the synopses of case reports to be considered will be distributed. It is hoped the Clinical-Pathological Conference can begin about 11:00 a.m.)

(17)

Clinical Pathological Conference—Alvin Foord, M. D., 100 Congress Street, Pasadena, and William Dock, M. D., University of Southern California Medical School, Los Angeles.

III

PROGRAM: BY DAYS

Special programs, to be distributed at Los Angeles, will give additional information. For meeting room assignments, see bulletin boards, (adjacent to Registration Desk).

First Day: Sunday, May 7, 1944

8:30 a.m. to 5:00 p.m. — Registration (*Galeria — South End*).

9:00 a.m.—First General Session (*Ball Room*).

9:00 a.m. to 11:30 noon—Military and Medical Films (*Music Room*).

12:00 noon—First Meeting of House of Delegates (*Music Room*).

2:00 p.m.—Second General Session (*Ball Room*).

7:00 p.m.—Dinner to the President (*Biltmore Bowl*).

Second Day: Monday, May 8, 1944

8:30 a.m. to 5:00 p.m.—Registration (*Galeria — South End*).

9:00 a.m.—Third General Session (*Ball Room*).

9:00 a.m. to 12:00 noon—Military and Medical Films (*Music Room*).

1:00 p.m.—Second Meeting of House of Delegates (*Music Room*).

2:00 p.m.—Section Meetings (*Conference Rooms via North Galeria*).

C.M.A. Council will hold its first meeting on Saturday, May 6, 1944, and will meet on Sunday and Monday.

Film exhibits may be given on Sunday-Monday mornings (in Music Room).

For announcements of affiliated organizations and other notices, consult bulletin boards at registration desks. (For programs in this issue, see page 152.)

IV
SECTION MEETINGS

For index of speakers, see page 151

SCIENTIFIC SECTION PROGRAMS

(Numbers in parenthesis after each section indicate sequence reference numbers of papers read in each section.)

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I.—General Medicine (18-22)	141
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III.—Obstetrics and Gynecology (29-33)	143
IV.—Eye, Ear, Nose and Throat (34-39)	143
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VI.—Dermatology and Syphilology (47-52)	145
VII.—Industrial Medicine and Surgery (53-59)	145
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REGISTRATION INFORMATION

1. Registration and Information. Registration and information desks are located in the North-South Galeria, adjacent to the ramp auto entrance. All members, guests and visitors are requested to register immediately on arrival. Registration secretaries will be on duty from 8:30 a.m. to 5 p.m.

2. Annual Session Program. Copies of complete session proceedings, showing times and places of all meetings, are available at the registration desk.

3. Military Films. Military and other films will be on display in the Music Room (off East-West Galeria) on Sunday and Monday mornings. Display limited to members and their guests. Your badge will serve as a ticket of admission.

4. Suggestions and Criticisms. Members are invited to present suggestions and criticisms to the officers and committees through the registration desk. These suggestions may be made to refer to either this session or future annual sessions and will be given full consideration by those concerned.

5. Rules Regarding Papers and Discussions at Annual Sessions. Section Officers, Essayists, and members taking part in discussions are requested to read the rules adopted by the C.M.A. Council and the C.M.A. Committee on Scientific Work, relating to papers and discussions. These will appear in the pocket programs, to be distributed at the Registration Desk. Proper and impersonal observance of these rules by all concerned, will make for more successful meetings.

6. Whom to Consult for Special Information. The following activities are under the supervision of Dr. Kress, Association Secretary and Chairman of the Committee on Scientific Program:

(a) General Meetings Programs
(b) Section Meeting Programs
(c) Equipment of Meeting Rooms
(d) Military Films

Dr. Kress' desk is located in the "East-West Galeria," near the elevators. (North-South or Main Galeria extends from 5th Street to the Auto Ramp.)

Registration Desks are under the supervision of the Executive Secretary, Mr. Hunton. Mr. Hunton's desk is at the registration table.

7. Pre-Convention Bulletin. Annual reports of officers, councilors and committees appear in the April issue of California and Western Medicine. Additional copies of these reports will be made available to delegates and alternates for their study either at the registration desk or at the first meeting of the House of Delegates.

8. Badges. Badges will be issued at the registration desk. Separate types of badges will be issued for members, delegates, alternates, officers, exhibitors, and section officers. Please request the proper type of badge on registering.

9. Tickets for "Dinner to the President." For information, see under Entertainment. Tickets will be on sale at Registration Desk. Special reservations available for parties of eight or more. "Tables Reserved" must not be occupied by others.

10. Woman's Auxiliary. Headquarters for the Auxiliary will be listed on bulletin board. Registration Desk also available for information.

11. Guests and Visitors. All guests and visitors are requested to register and to secure a badge and program. All general meetings and scientific meetings are open to visitors and guests so registered. There is no charge for registration.

12. Bulletin Boards. Consult bulletin boards in the Galeria for announcements of special events. A diagram of meeting places of scientific sections will also be found on these bulletin boards.

13. Scientific, Military and Technical Exhibits. Because this year's Annual Session is a two- instead of a four-day session, it has been deemed advisable not to display exhibits.

14. Business Meetings of Scientific Sections. For convenience in make-up of Section programs, the business meeting of each Section is scheduled to follow the second paper on a Section program (at a time when there is a good average attendance). However, each Section can change the time for its organization meeting and election of officers for the succeeding year, in accordance with the wishes of the Section members. (So also, as regards sequence of addresses.)

I
GENERAL MEDICINE SECTION

Meeting Room: Foyer to Banquet Room, off East-West Galeria, adjacent to Auto Ramp

Mast Wolfson, M. D., *Chairman*
215 Franklin Street, Monterey

John Martin Askey, M. D., *Secretary*
1930 Wilshire Boulevard, Los Angeles

Salvatore Pablo Lucia, M. D., *Assistant Secretary*
2898 Broadway, San Francisco

Monday, May 8, 1:30 p.m.

Paper No. 18:

Chairman's Address—Open Sesame!—Mast Wolfson, M. D., 215 Franklin Street, Monterey.

Ways and means to instill the most into our medical arts. An attempt to enhance our status of present imperfect to future perfect.

Paper No. 19:

Coccidioidomycosis in the Western Flying Training Command—Lt. Col. Russel V. Lee, (MC) AAF Regional Station Hospital, Santa Ana Army Air Base, Santa Ana.

This paper will tell of the very extensive testing program which has been in operation in the Western Flying Training Command, will show what the endemic area in Southwestern United States is, as determined by the results of this testing, will give a brief account of the clinical forms that are encountered, particularly with the deaths that have occurred, and the pathological findings on this. Certain conclusions as to the management in the light of these experiments will be made.

✤

Business Recess

Business Meeting and Election of Officers

Paper No. 20:

Present Status of the Management of Relapses in South Sea Malaria — Lt. Colonel Garnett Cheney, M.C., and Captain William L. Noe, Hammond General Hospital, Modesto.

A greater distinction must be drawn between the alleviation of an acute attack of malaria and the prevention of relapses. The incidence of relapses depends on unknown factors of host immunity and of parasite pathogenicity. The natural history of relapsing malaria will be discussed as well as the relation to relapses of various forms of treatments.

Paper No. 21:

Experimental Studies on the Treatment of Burn Shock —Myron Prinzmetal, M.D., and H. C. Bergman, Ph.D., Research Laboratory, Cedars of Lebanon Hospital, Los Angeles.

A new method is presented for evaluating therapeutic agents in burn shock. A new fraction of liver extract has been found to have significant anti-burn activity. Liver treatment saves approximately 37% of the animals which would otherwise die. The therapeutic activity has also been evaluated for sodium salts, serum, adreno-cortical hormones, thiamin, ascorbic acid, nupercaine, and post-traumatic serum.

Paper No. 22:

Filariasis—Lt. Cmdr. Robert W. Huntington, Jr., M.C., U.S.N.R., U. S. Naval Hospital, Corona, California.

The features of the clinical syndrome identified as early filariasis are discussed, together with the basis for this identification.

II

GENERAL SURGERY SECTION

Meeting Room: Banquet Room, South End of East-West Galeria, adjacent to Auto Ramp

J. Norton Nichols, M.D., *Chairman*
1930 Wilshire Boulevard, Los Angeles

Leon Goldman, M.D., *Secretary*
University of California Hospital, San Francisco

Eugene J. Joergenson, M. D., *Assistant Secretary*
1200 North State Street, Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 23:

Chairman's Address—The Surgical Treatment of Lesions at the Ampulla of Vater—J. Norton Nichols, M. D., 1930 Wilshire Boulevard, Los Angeles.

A report of four cases of obstruction at the ampulla of Vater from causes other than stone, two cases of carcinoma are included for which radical resection of the duodenum and pancreas were performed and a new modification of the Whipple operation is presented.

Paper No. 24:

War Casualties from Prolonged Exposure to Wet and Cold—Lt. Col. Russel H. Patterson, (MC.), Chief of Surgical Branch, Letterman General Hospital, San Francisco.

A summary of experiences in the treatment of 232 casualties from prolonged exposure to wet and cold which have been received at the Letterman General Hospital. Comments on pathological physiology, including cases with gangrene, gas infection and peripheral nerve and vascular damage.

Discussion by M. Laurence Montgomery, M.D., San Francisco.

✤

Business Recess

Business Meeting and Election of Officers

Paper No. 25:

Common Mistakes Made in the Treatment of Injuries of the Hand—Captain G. T. Aitken, (MC), Letterman General Hospital, San Francisco.

Errors in the early treatment of acute hand injuries often seriously complicate reconstructive surgery. Functional hand anatomy is reviewed briefly. The more common errors are illustrated and an outline of adequate therapy is presented. The study based on hand casualties from Pacific War Theatre.

Discussion by John E. Kirkpatrick, M.D., Shasta Dam; Harry M. Blackfield, M.D., San Francisco, and Frederic C. Bost, M.D., San Francisco.

Paper No. 26:

Carcinoma of the Rectum—William H. Daniel, M.D., 1930 Wilshire Boulevard, Los Angeles.

A general review of the essential points of carcinoma of the rectum. Comparative results of the major procedures such as abdominoperineal resections, colostomy and perineal resection, etc. A discussion of operability, metastases—fatal and non-fatal complications, pre-operative and post-operative care.

Discussion by James W. Morgan, M. D., San Francisco.

Paper No. 27:

Gunshot Wounds of the Abdomen—C. E. Stafford, M.D., and M. L. Smith, M.D., Department of Surgery, College of Medical Evangelists, Los Angeles.

Abdominal gunshot wound cases admitted to the Los Angeles County General Hospital during a five year period, 1939-1943, have been studied. Special emphasis is placed on the results of modern trends in treatment such as blood and plasma transfusions and chemotherapy.

Discussion by R. W. Kraft, M.D., Pasadena, and Wallace Dodge, M.D., Los Angeles.

Paper No. 28:

Birth Conditions Amenable to Surgical Treatment—William T. Grant, M.D., 1136 West Sixth Street, Los Angeles.

The first consideration in cases of meningocele and encephalocele is to decide whether or not surgical measures are likely to be of help. Hydrocephalus presents a similar problem. It is proposed to outline the criteria by which such decisions are made and illustrate the principles of surgical treatment.

Discussion by George H. Patterson, M. D., Los Angeles.

III

OBSTETRICS AND GYNECOLOGY SECTION

Meeting Room: Conference Room No. 1, on Mezzanine Floor, off North Galeria

PHILIP H. ARNOT, M.D., *Chairman*
490 Post Street, San Francisco

ROY E. FALLAS, M.D., *Vice-Chairman*
1930 Wilshire Boulevard, Los Angeles

DANIEL G. MORTON, M.D., *Secretary*
University of California Hospital, San Francisco

Monday, May 8, 1:30 p.m.

Paper No. 29:

The Antepartum Use of the Sulfonamides—Samuel Martins, M.D., 825 S. Alvarado Street, Los Angeles, and Jennie M. Howell, M.D., Los Angeles County Hospital, Los Angeles.

A statistical study of the results of sulfonamide therapy used in various complications of pregnancy at the Los Angeles County Hospital. The effects of the drugs on the disease, course of the pregnancy and on the baby are discussed.

Discussion by Bernard J. Hanley, M.D., Los Angeles.

Paper No. 30:

Extra-uterine Pregnancy—Stanley Dougan, M.D., 909 Medico-Dental Building, San Jose.

A review of the surgical cases of extra-uterine pregnancy occurring in two San Jose hospitals. Special reference is made to etiology and diagnosis. One interesting case of ovarian pregnancy is presented.

Discussion by Charles Duval, M.D., San Jose.

Paper No. 31:

Chairman's Address—Placenta Previa—Experiences in Private Practice—Philip H. Arnot, M.D., 490 Post Street, San Francisco.

This paper is based on the author's experience with placenta previa in private and consultation practice. Results are given and the various methods of treatment are discussed.

✤

Business Recess

Business Meeting and Election of Officers

Paper No. 32:

The Use of Kielland Forceps—A. M. McCausland, M.D., 3780 Wilshire Boulevard, Los Angeles.

At the Margaret Hague Maternity Hospital, in a total of 37,422 deliveries, Kielland forceps were employed 861 times. This paper deals with an analysis of these deliveries, including indications for their use, parturient and postpartum complications. Emphasis is placed on the mechanism of labor to be expected in the android type of pelvis and the safest way of handling complications in both vertex and breech presentations.

Discussions by E. W. Cartwright, M.D., **Pasadena,** and William Benbow Thompson, M.D., Los Angeles.

Paper No. 33:

Single Caudal Block in Obstetrics for Analgesia and Delivery—Hildegarde Wilkinson, M.D., Los Angeles County Hospital, and Charles M. Malone, M.D., Los Angeles County Hospital, Los Angeles.

This paper is a résumé of caudal block as it has been used at the Los Angeles County Hospital in approximately 1500 cases. Technique, complications, indications, and contra-indications are stressed. Repeated single caudal blocks for analgesia and delivery are discussed.

Discussion by George Harris, M.D., Los Angeles, and Raymond McBurney, M.D., Los Angeles.

IV

EYE, EAR, NOSE, AND THROAT SECTION

Meeting Room: Suite 333 (Tentative). See Bulletin Board

GEORGE MCCLURE, M.D., *Chairman*
411 Thirtieth Street, Oakland

LEWIS F. MORRISON, M.D., *Vice-Chairman*
490 Post Street, San Francisco

WALTER R. CRANE, M.D., *Secretary*
1026 Roosevelt Building, Los Angeles

Section Aides:
JOHN H. HOOVAL, M.D., Ontario
EUGENE L. CHRISTENSEN, M.D., Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 34:

Chairman's Address—Observations of Chemotherapy as Applied to Otolaryngology and Ophthalmology—George McClure, M.D., 411 Thirtieth Street, Oakland.

A personal observation of Chemotherapy including penicillin as applied to ordinary eye, ear, nose and throat cases. Some conclusions are deducted on its application to more specific cases from personal experience. It also includes the misuse of chemotherapy in Otolaryngology as applied by the general practitioner and pediatrician.

Short case reviews are given to demonstrate the writer's conclusions. Two interesting cases are given with reference to penicillin therapy.

Paper No. 35:

Angioneurotic Edema of Larynx. Case Reports—Phil W. Shumaker, M.D., 9730 Wilshire Boulevard, Beverly Hills.

A typical case with repeated attacks to various foods is presented in detail. Patient seen in original attack after he had been bronchoscoped for a supposed foreign body in the airway.

Similar cases from variety of allergens are described from personal experience.

Paper No. 36:

Traumatic Perforations of the Tympanic Membrane—Ben K. Parks, M.D., 605 Professional Building, Long Beach.

The current war period with many industrial accidents and combat casualties makes this type of injury a rather timely subject for discussion. This paper deals with classification, treatment, and first

aid care of such injuries. A case report dealing with traumatic puncture of tympanic membrane with subsequent labyrinthitis, Meningitis and death will be briefly reviewed.

Discussion by Lt. Cmdr. Russell Fletcher, (M.C.), USNR, Naval Dispensary, Long Beach, and Ben R. Dysart, M.D., Pasadena.

✤

Business Recess

Business Meeting and Election of Officers

Paper No. 37:

Medical and Biological Consideration in Ophthalmology—Clarence H. Albaugh, M.D., 727 West Seventh Street, Los Angeles.

"Pure" science is not far separate from every day clinical practice. It needs only interpretation to make it applicable and useful. Herewith will be discussed practical considerations in Ophthalmology of:

1. Biological time.
2. Constitutional adequacy.
3. The newer psycho-physiology.
4. Structural adaptation.

Discussion A. Ray Irvine, M. D., Los Angeles.

Paper No. 38:

Office Procedures in Ophthalmic Geriatrics—Dennis V. Smith, M.D., 110 Pine Avenue, Long Beach.

With the great increase in life expectancy, the eye physician is finding more elderly people with chronic ills among his patients.

Some suggestions are offered as to methods of meeting the problem they create and of dispelling the fear of blindness so often present.

Discussion by Dean C. Hartman, M. D., Los Angeles.

Paper No. 39:

Bacteriology of the Eye—Frank H. Rodin, M.D., 490 Post Street, San Francisco.

The bacteriology of the human eye has been studied in the East and in the Middle West, but no such study has been undertaken on the Pacific Coast. This is a report of the bacteriological study of a group of normal eyes and eyes with conjunctivitis.

The value of a bacteriological study of the conjunctive previous to a cataract extraction is discussed.

Discussion by M. N. Beigelman, M. D., Los Angeles.

V

ANESTHESIOLOGY SECTION

Meeting Room: Conference Room No. 6, on Mezzanine Floor, off North Galeria

Evelyn H. Case, M.D., *Chairman*
374 Thirty-fourth Street, Oakland

C. Eugene Schuetz, M.D., *Secretary*
6253 Hollywood Boulevard, Hollywood

Monday, May 8, 1:30 p.m.

Paper No. 40:

Chairman's Address—The Effect of Various Surgical Positions on Vital Capacity—Evelyn H. Case, M.D., 374 Thirty-fourth Street, Oakland.

Vital capacity, in various positions used in Surgery, was measured in young, middle-aged and elderly adults. Results are discussed.

Paper No. 41:

Anesthesia in Children with Emphasis on Endotracheal Method—Isabel DeY. Brown, M.D., 9000 Eighth Avenue, Inglewood.

This paper will cover points in anesthesia which differ in adults and children. Pre-medication, choice of anesthetic with a brief discussion of anesthetic agents in general. The chief topic will be indications and technique of the endotracheal method.

Discussion by Dorothy A. Wood, M.D., San Mateo.

Paper No. 42:

Anesthesia in Oral Surgery—William W. Hutchinson, M.D., 724 South Orange Drive, Los Angeles.

A short review of the literature dealing with this subject. The writer's personal experience with various types of anesthesia and his conclusions as to their advantages and disadvantages.

Discussion by John Dunlop. M.D., Los Angeles.

✤

Business Recess

Business Meeting and Election of Officers

Paper No. 43:

Loose Ends—Arthur E. Guedel, M.D., 1633 Wellington Road, Los Angeles.

Mentioning some things we need to know, unfinished and unsolved problems which are impeding progress in anesthesia.

Paper No. 44:

Caudal Analgesia and Anesthesia in Obstetrics—Glenn J. Potter, M.D., 1332 South Hope Street, Los Angeles.

Development of caudal anesthesia. Alterations in the physiology of the mother caused by caudal anesthesia; and how these alterations are made use of to aid difficult deliveries. Indications and contraindications. Technique of continuous caudal anesthesia with special emphasis on correct placement of the caudal needle. Dangers, and ways of avoiding them.

Discussion by Charles Betlach, M.D., Santa Barbara.

Paper No. 45:

Anesthetic Values in Thoracic Surgery—Lawrence D. Lee, M.D., 6253 Hollywood Boulevard, Los Angeles.

Requirements and present means of fulfilling them. Depth necessary to control reflexes is reviewed. Likely difficulties and complications, together with an evaluation of available agents and methods in controlling them are considered. A series of 125 cases is presented.

Discussion by John C. Jones, M.D., Los Angeles (by invitation).

Paper No. 46:

Anesthesia in a Naval Hospital—Lieut. John E. Skewis, (MC), USNR, U. S. Naval Hospital. Corona.

A comparison is made between the anesthesia problems in a service hospital and those in a civilian hospital. Oxygen therapy with a description of oxygen therapy equipment. Pentathol as an anesthetic agent for the traumatic emergency. Pre-anesthetic medication in traumatic emergencies. Use of pentathol plus nitrous oxide and oxygen for orthopedic and plastic work.

VI

DERMATOLOGY AND SYPHILOLOGY SECTION

Meeting Room: Conference Room No. 4, on Mezzanine Floor, off North Galeria

Irving R. Bancroft, M. D., *Chairman*
3400 San Marino Street, Los Angeles

John Fanning, M. D., *Vice-Chairman*
1127 Eleventh Street, Sacramento

Chris R. Halloran, M. D., *Secretary*
1052 West Sixth Street, Los Angeles

Section Aides:

Saul S. Robinson, M. D., Los Angeles
Harry P. Jacobson, M. D., Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 47:

Chairman's Address—Hormones and the Skin—Irving R. Bancroft, M. D., 3400 San Marino Street, Los Angeles.

The skin is particularly susceptible to hormone control. At puberty it becomes more acid, has an increased blood supply and increases in thickness. After menopause in women and much later in men, it atrophies, becomes less elastic, has a diminished blood supply and more pigment.

Paper No. 48:

Some Phases of Vitamin Therapy in Dermatology—Maximilian E. Obermayer, 1930 Wilshire Boulevard, Los Angeles, and Kendal Frost, 1930 Wilshire Boulevard, Los Angeles.

The peculiarities of vitamin therapy in dermatology are discussed. On the basis of their own experiences and the published reports of others, the authors evaluate the influence of the administration of vitamins on conditions other than the established vitamin deficiencies; namely: the allergic state in relation to miscellaneous inflammatory dermatoses; disorders characterized by excessive keratinization of epithelial tissues (asteatosis, calluses, corns, keratodermas, the follicular keratoses, acne vulgaris); and cheilosis. Two cases are reported.

Discussion by Charles J. Lunsford, M. D., Oakland, and William H. Goeckerman, M. D., Los Angeles.

Paper No. 49:

Dermatology in a Station Hospital in Southern California—Captain Ervin Epstein, M.C., A.U.S., Station Hospital, Camp Callan, San Diego.

A study of 1,280 patients seen with cutaneous complaints in an Army hospital and a statistical comparison with a like number of patients seen in private practice. The comparatively limited material in the Army, i.e., young, healthy men living under outdoor conditions in comparatively crowded quarters, is reflected in the statistics. The more common dermatoses are considered separately. A short discussion of the problems encountered by the civilian dermatologist on entering the Army is included.

Discussion by Samuel Ayers, Jr., M. D., Los Angeles, and William Mulvehill, M. D., Beverly Hills.

✚

Business Recess

Business Meeting and Election of Officers

Paper No. 50:

The Problem of Syphilis as Handled in the United States Navy—Lt. Cmdr. Hiram D. Newton, MC, U.S.N., U. S. Naval Hospital, Long Beach.

Fighting men acquire syphilis with the same frequency as others of the same age. Educational campaigns help teach them to avoid syphilis and to report it early. Frequent inspections assist in early diagnosis. Therefore, much treatment is started in the sero-negative primary stage. Better patient control makes uninterrupted treatment and follow-up possible.

Discussion by C. Russell Anderson, M. D., Los Angeles, and Catherine MachEachern, M. D., Los Angeles.

Paper No. 51:

Some Industrial Dermatoses Encountered in War Industries—Hiram E. Miller, 384 Post Street, San Francisco, and Rees B. Rees, 384 Post Street, San Francisco.

1,459 patients from industrial plants were examined in routine dermatological office practice from 1941 through 1943. 579 of the 1,459 cases reviewed were from war industries, and 206 were judged to be occupational. The review does not represent a true cross-section of such dermatoses in the San Francisco area.

Discussion by A. Fletcher Hall, Jr., M. D., Santa Monica, and George F. Koetter, M. D., Los Angeles.

Paper No. 52:

Norwegian Scabies—Nelson Paul Anderson, M. D., 2007 Wilshire Boulevard, Los Angeles, and Capt. O. Milton Stout, M.C., U.S.A.

This communication deals with a rare and infrequently diagnosed type of scabies. The clinical features of the reported cases are reviewed briefly. The differential diagnosis of this disease from conditions which it simulates is given. There is a brief review of the literature, and effective therapy outlined. Illustrated with colored lantern slides.

Discussion by Harry J. Templeton, M. D., Oakland, and Anker K. Jensen, M. D., Los Angeles.

VII

INDUSTRIAL MEDICINE AND SURGERY SECTION

Meeting Room: Conference Room No. 7, on Mezzanine Floor, off North Galeria

Richard O. Schofield, M. D., *Chairman*
1027 Tenth Street, Sacramento

Floyd F. Thurber, M. D., *Vice-Chairman*
6065 Hollywood Boulevard, Los Angeles

John E. Kirkpatrick, M. D., *Secretary*
Shasta Dam Hospital, Shasta Dam

Section Aides:
John Gillis, M. D., Los Angeles
William L. Weber, M. D., Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 53:

Chairman's Address—The Socialization Program in Relation to Industrial Medicine and Surgery—Richard O. Schofield, M. D., 1027 Tenth Street, Sacramento.

A Symposium on the Economic Aspects of Industrial Medicine and Surgery

Paper No. 54:

The Physicians' Problem in the Analysis of the Industrial Injury—Frederic C. Bost, M.D., 384 Post Street, San Francisco.

Some of the problems met with in special medical examinations will be discussed. Particular reference will be made to the discrepancies between the patient's subjective complaints and the physician's objective findings.

Paper No. 55:

Legal Medical Aspects of Permanent Disability Ratings—Donald R. Brophy, Esq., Attorney, 465 California Street, San Francisco. (By invitation.)

Types of permanent rating schedules. Problems presented in California in determination of permanent disabilities. Suggested aids in reference to the present schedule and indicated revisions. Fundamental requirements of medical rating reports.

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Business Recess

Business Meeting and Election of Officers

Paper No. 56:

The Next Step Forward—Douglass A. Campbell, M.S., S.D., Esq., Referee, Industrial Accident Commission, State Building, Los Angeles. (By invitation.)

Will discuss standardization of terminology, creation of research data and coördinated assistance to research reporting in the field of industrial medicine.

Paper No. 57:

Progress Report on the Fee Schedule—Hartley F. Peart, Esq., Legal Counsel, 111 Sutter Street, San Francisco.

Essayist's comments are incorporated in Legal Counsel's report, which appear with the reports of General Officers of the California Medical Association.

Paper No. 58:

Physical Medicine and the War—Edward W. Lowman, Lieut. (MC), U. S. Navy, U. S. Naval Hospital, Corona. (By invitation.)

This paper will consider the problem of prolonged idle convalescent time and its effect on the military patient of inducing a restlessness and an inanition known as Hospital Fatigue. It will propose a convalescent program entailing full mental occupation of the convalescent patient through use of instruction classes correlated with diversified workshop therapy which would solve the problem of Hospital Fatigue, reduce sick days, and at the same time effect a vocational stimulus of high potential to a general postwar rehabilitation program.

Paper No. 59:

Vocational Rehabilitation—Mr. H. D. Hicker, Department of Vocational Rehabilitation, Department of Education of the State of California, Sacramento. (By invitation.)

Will discuss occupational adjustment of the disabled, including recent developments providing corrective surgery and therapeutic treatment for disabled persons who may be made employable through such service, as well as through other services such as counseling, vocational training, furnishing of prosthetic appliances, and placement.

Discussion to be opened by Wilbur J. Cox, M. D., 450 Sutter Street, San Francisco.

(Time allotted to questions from the floor and answers by the speakers.)

VIII

NEUROPSYCHIATRY SECTION

Meeting Room: Conference Room No. 9, on Mezzanine Floor, off North Galeria

J. S. Kasanin, M. D., *Chairman*
2200 Post Street, San Francisco

Clarence Wilmot Olsen, M. D., *Secretary*
1136 West Sixth Street, Los Angeles

Section Aides:
Arthur R. Timme, M. D., Los Angeles
George Johnson, M. D., San Francisco

Monday, May 8, 1:30 p.m.

Paper No. 60:

Chairman's Address—Limitation of Objectives in Psychotherapy—J. S. Kasanin, M. D., 2200 Post Street, San Francisco.

In the past decade neuroses have been more readily recognized by the medical men, and in response more effective methods of psychotherapy have been developed. Psychoanalysis has been successful not only in removing symptoms, but in favorable cases effecting profound beneficial changes in the personality of the patient. Good psychotherapists have become somewhat scornful of the favorable results because they have not been obtained by "deep" psychotherapy. The chairman suggests that the aims of psychotherapy should be clearly defined as in other branches of medicine. Extensive research is needed in utilizing present knowledge for development of quick, effective psychotherapy reaching large groups of patients who are asking for it.

Paper No. 61:

Self-Induced Psychosis with Hyperthyroidism Complicating Manic-Depressive Psychosis—George N. Thompson, M. D., Chief Psychiatrist, Los Angeles County General Hospital, 1200 North State Street, Los Angeles.

Report of a case of self-induced psychosis with hyperthyroidism complicating manic-depressive psychosis. An unusual method of attempted suicide provided opportunity to study the physiological effects of massive, prolonged thyroid overdosage,—in effect, experimental human hyperthyroidism.

Paper No. 62:

Psychologic Armoring for the Air Forces—Major William G. Barrett, M.C., Office of the Surgeon, AAF Redistribution Station No. 3, Santa Monica.

The psychologic principles of prophylaxis against anxiety by means of foreknowledge and insight can be used effectively to strengthen the morale and stamina of combat flying personnel. The scope of such a program is outlined and means for carrying it out are suggested.

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Business Recess

Business Meeting and Election of Officers

Paper No. 63:

Psychosomatic Aspects of General Medicine—Julius Bauer, M. D., 1680 North Vine Street, Hollywood. (By invitation.)

Physiological and psychological mechanisms operative in the production of psychosomatic ailments (facilitation of reflexes, conditioned reflexes, organ—language, constitutional organ inferiority). Typical symptomatology and differential diagnosis. Constitutional predisposition. Iatrogenic ailments. Doctor's way of talking to patients both powerful and dangerous therapeutic instrument.

Paper No. 64:

Electric Shock Therapy in Two Hundred Mixed Cases—D. R. Sears, M. D., and J. F. Brown, Ph.D., Alexander Sanitarium, Belmont.

Over two hundred cases treated by electric shock during a two year period are summarized as to therapeutic results and to its effects in aiding in institutional care. Some points on variations from usual techniques are enumerated and explained. The results are compared with those reported in previous articles. The cases are analyzed on the basis of the number and nature of treatments, the duration of illness, and diagnosis. The present status of previously dismissed patients has been checked by a follow-up questionnaire.

As previously reported, prolonged duration of illness is found to have one of the highest correlations with unsatisfactory prognosis. Outstanding is the high percentage of cures or remissions in all affective disorders. One marked divergence from previous reports is found in the high percentage of rapid remissions in fresh acute schizophrenic attacks.

Paper No. 65:

Associated Movements in the Oculomotor Muscles—Robert Wartenberg, M. D., University of California Hospital, San Francisco.

After incomplete recovery of a peripheral facial palsy, associated movements often appear in the affected muscles. Similar associated movements can occur after incomplete recovery of an oculomotor palsy. Discussion of their pathophysiology. Critique of the theory of misdirection of regenerating nerve fibers. (Lantern slides.)

IX

PATHOLOGY AND BACTERIOLOGY SECTION

Meeting Room: Conference Room No. 3, on Mezzanine Floor, off North Galeria

H. A. Edmondson, M. D., *Chairman*
1200 North State Street, Los Angeles

James F. Rinehart, M. D., *Vice-Chairman*
University of California Hospital, San Francisco

R. H. Osborne, M. D., *Secretary*
312 North Boyle Avenue, Los Angeles

James B. McNaught, M. D., *Assistant Secretary*
2398 Sacramento Street, San Francisco

Section Aide:
Albert F. Brown, M. D., Glendale

Monday, May 8, 1:30 p.m.

Paper No. 66:

Chairman's Address—The Rôle of Calcium in Acute Pancreatic Necrosis—Hugh A. Edmondson, M. D., 1200 North State Street, Los Angeles.

This report summarizes the results of tissue calcium studies on eight fatal instances of acute pancreatic necrosis and the serum calcium changes in fifty clinical cases. The importance of serum calcium levels in diagnosis, prognosis and treatment of the disease is discussed.

Paper No. 67:

Infectious Mononucleosis, Report of a Case with Autopsy Findings—Frederick Proescher, M. D., Santa Clara County Hospital, San Jose.

Clinical and pathological study of a case of infectious mononucleosis with a leukemoid blood picture, in a boy four years old. A description of the hematological and autopsy findings will be given. (Lantern slides.)

Discussion by Gurth E. Carpenter, M. D., Los Angeles, and Carroll S. Small, M. D., Loma Linda.

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Business Recess

Business Meeting and Election of Officers

Paper No. 68:

Maduromycosis of the Ankle—Lt. Comdr. David A. Wood (MC), USNR, U. S. Naval Hospital, Treasure Island. (By invitation.)

A brief review of maduromycosis, its incidence in North America, and the report of a case. A Filipino, aged 40, complained of a soft tissue swelling of the foot of seven months' duration. The mass upon resection contained numerous small abscesses containing black mycotic granules (melanoid variety of maduromycosis). Following complete resection, healing occurred per primum and the patient was discharged to duty. No distant lesions were evident.

Discussion by Roy W. Hammack, M. D., Los Angeles, and Newton Evans, M. D., Los Angeles.

Paper No. 69:

Cold Hemagglutinins in Atypical Pneumonia—Paul H. Guttman, M. D., 605 Medico-Dental Building, Sacramento.

This is a report of a series of cases which presented cold agglutinins. The diagnostic value of cold agglutinins will be discussed and the clinical manifestations of cold agglutinins of high titer will be considered.

Discussion by Alvin G. Foord, M. D., Pasadena, and E. M. Butt, M. D., Los Angeles.

Paper No. 70:

Hepato-lenticular Degeneration—E. M. Butt, M. D., University of Southern California School of Medicine, Los Angeles.

A presentation of the pathology and probably casual factors of four cases of liver disease associated with bilateral symmetrical degeneration of the basal ganglia.

Discussion by C. B. Courville, M. D., Los Angeles.

X

PEDIATRIC SECTION

Meeting Room: Conference Room No. 2, on Mezzanine Floor, off North Galeria

William C. Deamer, M. D., *Chairman*
University of California Hospital, San Francisco

Howard R. Cooder, M. D., *Secretary*
3875 Wilshire Boulevard, Los Angeles

Charles W. Leach, M. D., *Assistant Secretary*
2000 Van Ness Avenue, San Francisco

Monday, May 8, 1:30 p.m.

Paper No. 71:

Chairman's Address—William C. Deamer, M. D., University of California Hospital, San Francisco.

Paper No. 72:

The Use of Prostigmin in Poliomyelitis—Henry Brainerd, M. D., University of California Hospital, San Francisco. Co-authors of the above paper are Hilliard Katz, M. D., University of California Hospital, San Francisco; Albert Rowe, M. D., 118 Woodland Avenue, San Francisco; and J. C. Geiger, M. D., 101 Grove Street, San Francisco.

This paper attempts to evaluate the effects of prostigmin with or without the Kenny treatment on the manifestations of acute anterior poliomyelitis, as well as to analyze the incidence of various clinical manifestations which are treated.

Discussion by F. C. Bost, M. D., San Francisco.

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Business Recess

Business Meeting and Election of Officers

Paper No. 73:

The Treatment of Epilepsy—Howard R. Cooder, M.D., 3875 Wilshire Boulevard, Los Angeles.

The public and the Medical Profession alike do not seem to realize that epilepsy is a curable disease. Careful statistics show that at least sixty per cent of children may be permanently relieved of convulsions. In this paper the several kinds of treatment of epilepsy are described in detail and emphasis is placed upon the importance of continuous and systematic treatment.

Paper No. 74:

Myositis Ossificans Progressiva—Kermit J. Ryan, M. D., 6253 Hollywood Boulevard, Los Angeles.

A report of a case of myositis ossificans progressiva, an extremely rare and strange disease. In addition, there will be a review of the literature with a general discussion of the disease process.

Paper No. 75:

A Study of Bronchiectasis in Children—Vera C. Waegele, M. D., 951 South Lucerne, Los Angeles.

In the Parent-Teachers Chest Clinic of the Los Angeles City Schools, a group of children having chronic chest disease were the subjects of Lipiodol X-Ray studies. Points of diagnostic importance in those found to have Bronchiectasis, as contrasted with those found to be negative, are reviewed, with the object of assisting in the early diagnosis of Bronchiectasis in children.

Paper No. 76:

Organic Factors in Behavior Problems—Arthur R. Timme, M. D., 1930 Wilshire Boulevard, Los Angeles.

Careful study of some hundreds of school behavior problems, in the light of our newer knowledge of cerebral and especially diencephalic functioning, has revealed hitherto unsuspected or overlooked potent organic factors in shaping a child's behavior and directly influencing his adjustment to parents, school, compeers, etc.

XI

RADIOLOGY SECTION

Meeting Room: Conference Room No. 8, on Mezzanine Floor, off North Galeria

Roy W. Johnson, M. D., *Chairman*
1407 South Hope Street, Los Angeles

Earl R. Miller, M. D., *Secretary*
University of California Hospital, San Francisco

Monday, May 8, 1:30 p.m.

Paper No. 77:

Chairman's Address—Roy W. Johnson, 1407 South Hope Street, Los Angeles.

Paper No. 78:

Rheumatoid Spondylitis, with Special Reference to Early Diagnostic Criteria—Major Arthur J. Present, M.C., Chief, Radiological Service, Hoff General Hospital, Santa Barbara.

Active rheumatoid spondylitis has been encountered frequently in an Army General Hospital. An early diagnosis is important if progress of the disease is to be interrupted. Rheumatoid spondylitis has been the cause of bizarre and misinterpreted symptoms. The diagnostic criteria will be discussed.

Discussion by Joseph C. Risser, M. D., San Marino.

Paper No. 79:

Diaphragmatic Hernia and Dilated Esophageal Ampulla and Their Clincal Significance—Jacob Abowitz, M. D., Cedars of Lebanon Hospital, Los Angeles.

The frequent occurrence of these conditions and the misleading subjective symptoms make the study of this subject extremely important. The conditions are usually misinterpreted as coronary heart disease or gall bladder disease, and the patients treated medically and surgically without benefit. The condition should be suspected but the diagnosis can be confirmed only roentgenologically.

Business Recess

Business Meeting and Election of Officers

Paper No. 80:

The Radiological Aspects of Certain Tropical Diseases—Lt. Cmdr. L. H. Garland (MC), USNR, Oakland Naval Hospital, Oakland.

The author summarizes the more important tropical diseases from the viewpoint of the radiological consultant in North America. Many of these diseases are only of indirect radiological interest, but a few involve the use of roentgen examination in diagnosis, and many require consideration in the differential diagnosis of common skull, chest and abdominal ailments. In a few instances the use of roentgen irradiation is indicated in their treatment. The newer aspects of conditions, such as filariasis and paragonimiasis, will be outlined. The paper will be illustrated with lantern slides.

Discussion by the Radiological Staff of the San Diego Naval Base Hospital.

Paper No. 81:

The Rôle of Radiation Therapy in Wartime Casualties—Capt. Albert Soiland (MC), USNR, (Ret.-Act.) U. S. Naval Hospital, Long Beach.

The writer feels that radiation therapy is of singular service in wartime casualties and regrets to note that this feeling is apparently not shared by an unbelievably large number of members of the medical profession.

The text deals with substantial facts garnered from a medical service of over forty years.

Discussion by George S. Sharp, M. D., Pasadena.

Paper No. 82:

Discussion of Excretion Urography—R. G. Van Nuys, M. D., 2490 Channing Way, Berkeley.

The essayist will present questions about the effects, safety, precautionary measures, material used, etc., for discussion from the floor in order to clarify the position taken by the various radiologists on problems concerning the responsibility for the injection of the opaque material, methods of examination, etc.

Discussion by Jay J. Crane, M. D., Los Angeles.

XII

UROLOGY SECTION

Meeting Room: Conference Room No 5, on Mezzanine Floor, off North Galeria

Arno G. Folte, M. D., *Chairman*
870 Market Street, San Francisco

Paul A. Ferrier, M. D., *Secretary*
65 North Madison Avenue, Pasadena

Section Aides:

Arden Fate, M. D., Los Angeles
Richard Peterfy, M. D., Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 83:

Chairman's Address—Psychoses Following Prostatic Surgery—Arno G. Folte, M. D., 870 Market Street, San Francisco.

A short discussion of this rarely mentioned complication occurring postoperatively in surgery of the prostate, with a report of three cases.

Paper No. 84:

Actinomycosis of the Kidney—Charles Pierre Mathe, M. D., 450 Sutter Street, San Francisco.

Report of a case nephrectomized for actinomycosis of the kidney. Success due to two-stage operation. Obscure symptoms and difficulty in diagnosis stressed. Perplexing complications consisting of prostatic and perinephritic abscess developed and were successfully treated. Symptomatology, diagnosis, chemeotherapy and surgical treatment of renal actinomycosis reviewed.

Discussion by Elmer Belt, M. D., Los Angeles.

Paper No. 85:

Luxation of Testicle—Donald Charnock, M. D., 727 West Seventh Street, Los Angeles.

Luxation of the testicle is rare. With increase of patients who have been run over, this condition should be met with more frequently. A case is presented and a diagnostic point discussed.

Discussion by Jay J. Crane, M. D., Los Angeles.

Business Recess

Business Meeting and Election of Officers

Paper No. 86:

The Treatment of Rupture and Impassable Strictures of the Urethra—Thomas E. Gibson, M. D., 450 Sutter Street, San Francisco.

The number and variety of operations proposed for the treatment of these conditions indicate that none is entirely satisfactory. The literature is confused and contradictory. The various procedures employed are unnecessarily complicated. A simplified routine procedure applicable to both these conditions through use of the Davis Interlocking Sound is described.

Discussion by Adolph A. Kutzman, M. D., Los Angeles.

Paper No. 87:

Urology in a Base Hospital in the South Pacific—Captain Oliver W. Butler (MC), U. S. Naval Hospital, Long Beach.

Management of some types of gunshot wounds of the genito-urinary tract and remarks on genito-urinary aspects of tropical diseases which may be met in returning service men.

Discussion by Harry W. Martin, M. D., Beverly Hills.

Paper No. 88:

Chronic Urgency and Frequency of Urination in Women—James R. Dillon, M. D., 490 Post Street, San Francisco.

An old subject, but not exhausted, as evidenced by the many women still suffering, though examined and treated, often by more than one competent urologist. A presentation of the more unusual causes, pathology, and treatment, with brief case reports.

Discussion by Franklin Farman, M. D., Los Angeles.

Paper No. 89:

The Surgical Management of Exstrophy of the Bladder —Tracy O. Powell, M. D., 6253 Hollywood Boulevard, Los Angeles.

Uretero-intestinal anastomosis and total cystectomy is a satisfactory and successful operation. Cases of bilateral hydronephrosis or congenital single kidney have been done with surprisingly good results. Five cases are presented and illustrated in a colored motion picture.

XIII

PUBLIC HEALTH SECTION

Meeting Room: See Bulletin Board for Room Location

Wilton L. Halverson, M. D., *Chairman*
760 Market Street, San Francisco

J. C. Geiger, M. D., *Vice-Chairman*
101 Grove Street, San Francisco

George M. Uhl, M. D., *Secretary*
116 West Temple Street, Los Angeles

Section Aides:
H. O. Swartout, M. D., Los Angeles
C. Morley Sellery, M. D., Los Angeles

Monday, May 8, 1:30 p.m.

Paper No. 90:

Chairman's Address—Public Health—A Medical Specialty—Wilton L. Halverson, M. D., State Department of Public Health, 760 Market Street, San Francisco.

Public Health practice consists of the application of the principles of the control of disease to the community rather than to the individual. This can only be effected by a close integration of the public health program with the private practitioners of medicine in the community. To develop this relationship, it is as important that the practitioner of medicine recognize the viewpoint of the health officer as it is that the health officer recognize that the private practitioner of medicine is the greatest force in the public health program.

Paper No. 91:

Poliomyelitis — Evaluation of Kenny Treatment—J. Wayne McFarland, M. D., Boyle and Michigan Avenues, Los Angeles.

A study of the cases that have been treated by the Kenny method during the 1942 and 1943 epidemics of Los Angeles County, with special reference to the amount of weakness, disability, and final disposition of cases which could be consistently followed.

Paper No. 92:

Poliomyelitis—Multiple Familial Cases—William P. Frank, M. D., District Health Officer, 612 West Shorb Street, Alhambra.

The Kenny concept of poliomyelitis has given the medical profession not only a new method of treatment, but also a new approach to the diagnosis of the disease. By using muscle spasm as a diagnostic criteria, mild cases of poliomyelitis that hitherto would have been overlooked, can now be diagnosed. This view has been developed as a result of a study of multiple familial cases seen at the Los Angeles County General Hospital during the 1943 epidemic.

Discussion from floor.

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Business Recess

Business Meeting and Election of Officers

Paper No. 93:

Industrial Medicine in Relation to Public Health—Alice Hamilton, M. D., Harvard University, Boston, Massachusetts. (Guest speaker.)

The activities of the Industrial Division of the Federal Public Health Service and of the State Divisions have been greatly expanded to meet the new problems of war industry. This work includes laboratory and clinical studies of new compounds, e.g., solvents, ingredients for producing synthetic rubber, etc.; educational work, such as the conference on May 9 in St. Louis to which are called all national organizations concerned with industrial health; coöperation with and aid to State Industrial Hygiene Bureaus.

Paper No. 94:

Tropical Diseases—Their Present Significance—W. McD. Hammon, M. D., Dr. P. H., George Williams Hooper Foundation for Medical Research, University of California, San Francisco.

Discussion of diseases present in Latin America and the West Pacific which by increased and more rapid travel may be brought into California. What is being done to recognize them and to prevent them from becoming established? What possibilities exist in regard to vectors and reservoirs, native and newly introduced?

Discussion from floor.

Paper No. 95:

Insect Borne Diseases: Local Vectors, Type and Distribution—W. B. Herms, ScD., Professor of Parasitology, University of California, Berkeley.

In order to have a sound basis for effective corrective or preventive measures as pertain to insect-borne infections, an accurate identification of the vector is imperative. Corrective procedures must fit the particular offending species; such procedures are designated as species sanitation. Procedures used in the control of a given insect-borne disease in one locality may have little or no effect when applied in another for ecological reasons affecting the vector. Local vectors and potential vectors of malaria, dengue, filariasis, typhus, Rocky Mt. spotted fever, relapsing fever, tularaemia, onchocerciasis, and other insect borne diseases are considered.

Discussion from floor.

Paper No. 96:

Insect Borne Diseases: Airborne, Introduction—Rodney Beard, M. D., Stanford University School of Medicine, San Francisco.

Because appropriate insect vectors are lacking in some areas, the spread of malaria and certain other diseases has been limited. Increasing transoceanic air transport raises the risk of transplanting important insect species. Thus far, control has been effective, but a greater margin of safety is needed.

Discussion from floor.

Paper No. 97:

Penicillin-Observation of Effectiveness on Selected Cases—Paul Hamilton, M. D., 1635 Chelsea Road, San Marino.

Penicillin has much the same range of application as chemotherapy, plus some notable additions. Chief of these is its much greater effectiveness against staphylococci. Some other less common organisms are also affected. Its effectiveness and lack of toxicity make it an important advance in therapy of bacterial infections.

Discussion by Norman B. Nelson, M.D., Los Angeles.

V

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Kasanin, J. S., *San Francisco*	146
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LOS ANGELES

Some Highlights in Its History

Los Angeles is the second oldest city officially founded in California and the third oldest in rank as an early habitation center. San Diego Mission, founded in 1769, was the earliest civilized development in California. From San Diego, Gaspar de Portola and Juan Crespi marched north and began developments in the Monterey area in 1770. San Gabriel Mission, near Pasadena, was founded September 8, 1771. Just ten years later on September 4, 1781, *"El Pueblo de Nuestra Senora la Reina de Los Angeles de Porciuncula"* (now Los Angeles) was officially founded by the third Spanish Governor to California, Felipe de Neve.

Before the founding of Los Angeles, about 300 Indians, called Yang-na, lived in the Los Angeles area, unmolested and unmindful of their inevitable doom.

During many years following the founding of Los Angeles nothing of note happened. The country was left to the explorers and that arduous colonizer, the missionary.

All life in the Pacific Southwest in those days revolved about the missions, which was primarily communal among the Indians, who were disciplined by soldier guards. Agriculture and livestock were the principal industries. Commerce, as it is known today, was unknown. Lethargy, indifference and stagnation, from a world point of view, were the order of the day in the early Spanish era of Los Angeles.

In 1822, news arrived from Mexico that these one-time Spanish colonies were free and independent. How-

(Continued on Page 191)

VI
MISCELLANEOUS INFORMATION
OTHER MEETINGS

CALIFORNIA HEART ASSOCIATION SCIENTIFIC PROGRAM

The Biltmore Hotel, Los Angeles
Saturday, May 6, 1944

Morning Session—9:30 a. m.

I. *The Prognostic Significance of Auricular Fibrillation Occurring with Myocardial Infarction*—John Martin Askey, M. D., Los Angeles, and Otto Neurath, M. D., Los Angeles.

II. *T-Wave Changes Related to the Respiratory Phase*—Captain Arthur R. Twiss, M.C., USA, Santa Ana, and Lieut. Col. George H. Houck, M.C., USA, Santa Ana.

III. *Cardiac Complications of Hyperthyroidism (Experience of Eight Years at the University of California Tyhroid Clinic)*—Ellen Brown, M. D., San Francisco, Alfred O. Bolomey, M. D., San Francisco, and Mayo H. Soley, M. D., San Francisco.

IV. *Rheumatic Fever in Two California Counties*—Helen M. Johnson, M. D., San Francisco.

V. *Rheumatic Fever and Tuberculosis*—Ernst Loewenstein, M. D., San Francisco.

VI. *Penicillin in the Treatment of Rheumatic Fever and Other Conditions in a Naval Hospital*—Commander J. Russell Twiss, MC, USNR, Shoemaker.

VII. *Syndrome of Short P-R Interval and Wide QRS Complex: Current Theories of Mechanisms and Report of Cases*—Captain Eli R. Movitt, M.C., USA, San Francisco.

Afternoon Session—1:30 p. m.

VIII. *The Pathogenesis and Treatment of Shock Resulting from Crushing Muscle*—Myron Prinzmetal, M. D., Los Angeles, S. C. Freed, M. D., Los Angeles, and H. E. Kruger, M. D., Los Angeles.

IX. *An Experimental Study of Factors Influencing Pulmonary Hemorrhage*—Clinton H. Thienes, M. D., Los Angeles.

X. *Factors Influencing Circulation Time*—Morris H. Nathanson, M. D., Los Angeles.

XI. *So-Called Reiter's Disease: The Triad of Acute Arthritis, Conjunctivitis and Urethritis*—Lieut. Comdr. H. H. Rosenblum, MC, USNR, Shoemaker.

XII. *Temporal Arteritis: A Simple Treatment*—A. M. Roberts, M. D., Los Angeles.

XIII. *Neglected Cardiacs Discovered by Selective Service Examination: Report of a Recent Survey*—Francis L. Chamberlain, M. D., San Francisco, and William J. Kerr, M. D., San Francisco.

XIV. *Coronary Occlusion in Industry*—Eugene B. Levine, M. D., Oakland.

XV. *Problems Encountered in the Employment of Cardiacs*—Fenn E. Poole, M. D., Los Angeles.

XVI. *Problems in the Prevention of Luetic Cardiovascular Disease*—S. P. Lucia, M. D., San Francisco, and William N. Sears, M. D., San Francisco.

XVII. *Business Meeting—California Heart Association*—Presiding, Lieut. Comdr. H. H. Rosenblum, MC, USNR, Shoemaker.

WESTERN ASSOCIATION OF INDUSTRIAL PHYSICIANS AND SURGEONS

Fourth Annual Convention
Saturday, May 6, 1944

Again this year the Western Association of Industrial Physicians and Surgeons will meet the day previous to the opening session of the California State Medical Association. The meeting this year will be the afternoon and evening of Saturday, May 6, at the Biltmore Hotel, in Los Angeles.

Because of war restrictions and the difficulties incurred in traveling, there will not be so many guest speakers from a distance as last year. However, the invited guests for 1944 are no less renowned or impressive. As this notice goes to press, the Secretary is unable to supply all the titles of the proposed papers, but they will be found in a subsequent notice to all the members. The list of speakers includes:

(1) Dr. Alice Hamilton, an internationally noted industrial toxicologist and pioneer in the field of industrial medicine, who is Guest Speaker of the California Medical Association.

(2) Commander Henry H. Kessler, MC, U.S.N., author of the well known book, "Accidental Injuries" and a long recognized authority in corrective orthopedic surgery and rehabilitation of the injured. Dr. Kessler is in charge of this type of work for the Navy at Mare Island, and has just returned from the South Pacific.

(3) Dr. Dudley A. Irwin, Medical Director of the Aluminum Company of America. It was Dr. Irwin who, along with Denny and Robson, did the original investigation of the use of aluminum dust in the prevention of silicosis.

(4) Dr. Max Burnell, Medical Director, AC Spark Plug Division, General Motors Corp., Flint, Michigan, will be on the evening program. His subject is, "Women in Industry." Few, if any, have a better knowledge of this problem than Dr. Burnell.

(5) Dr. Marion Dakin, Medical Department, Lockheed Aircraft Corp., presents "Eliminating Psychogenic Factors in the Management of Physical Problems of Women Workers." Dr. Dakin worked incognito for four months on the assembly line to obtain her information.

(6) Mr. Douglass A. Campbell, Referee of the California Industrial Accident Commission. Few lawyers have the insight into the medical aspect of the medico-legal problems as does Mr. Campbell. From his experience he will present some aspects of the legal difficulties confronting the industrial physician.

In addition to the above speakers, there will be papers discussing the future of aviation medicine, psychical factors as a cause of maladjustment to working environment, and one or two other subjects.

These meetings are open to all physicians and it is felt that they have a special significance during industry's part in the war effort.

The president of the Western Association of Industrial Physicians and Surgeons, Dr. C. A. Walker, chief surgeon, Southern Pacific Company, Pacific Lines, will preside.

For any additional details, write the Secretary, Dr. Rutherford T. Johnstone, 423 Towne Avenue, Los Angeles.

RE: EXHIBITS

As elsewhere announced, no scientific, military or technical exhibits will be on display at the 73rd Annual Session. The brief, two-day conference, and transportation difficulties, especially under existing conditions, made necessary the postponement of such displays for more favorable conditions in the future.

VII
ENTERTAINMENT

Consult bulletin board in Main North-South (Fifth Street to Ramp) Galeria (by registration desk), for information.

President's Dinner.—Hotel Biltmore, Sunday, May 7, at 7:30 p.m. in Biltmore Bowl (entrance by way of South Galeria, near ramp). Reservations must be made in advance, as capacity of dining room is limited. Reservations can be made for single tickets and for tables of eight or more persons. Make reservations at Registration Desk. Such reservations should be in charge of only one person, in order to avoid confusion for the hotel management. All who are at a "table to be reserved" should let their spokesman order for them. "Reserved Tables" must not be encroached upon.

Entertainment Program.—The Local Committee on Arrangements will present an entertainment program at this dinner at 9:30 p.m. sharp. During the floor show the dining room doors will be closed and table service will stop. For these reasons it is imperative that those attending the dinner should be in the dining room promptly at 8:00 p.m.

Dancing.—Dancing (in the Biltmore Bowl) to Hotel Biltmore's orchestra will follow the Dinner to the President.

VIII
TRANSPORTATION INFORMATION

Reduced-rate convention transportation is *not* available this year. This has been discontinued for the duration.

Members are urged to make their transportation reservations at the earliest possible date in order to secure reservations on the overtaxed travel lines. Under present regulations, rail lines cannot take reservations more than 30 days in advance of the actual travel date; members should make their reservations a full 30 days ahead of the time of their departure.

These facts are particularly called to the attention of program participants and section and general officers. A delay of one day in making your request for travel accommodations may mean the difference between securing accommodations or not securing them.

It is contemplated that all meetings will be concluded by 6:00 p.m. on Monday, May 8. Members will want to keep this hour in mind in arranging for return reservations from Los Angeles; it will be possible to stay for the final meeting and still catch the "Lark" from Los Angeles to San Francisco.

Transportation Information

The following schedules are subject to change and should be verified with your local ticket agent.

Southern Pacific

Name of Train	*Leave San Francisco*	*Arrive Los Angeles*
Owl (Valley Route)	5:00 p.m.	9:00 a.m.
Lark	9:00 p.m.	9:00 a.m.
Coaster	6:30 p.m.	8:35 a.m.
Daylight	8:15 a.m.	6:00 p.m.
San Joaquin Daylight (Valley)	8:00 a.m.	10:00 p.m.
Los Angeles Passenger No. 72	1:00 p.m.	6:45 a.m.
Passenger No. 56	8:30 a.m.	6:15 a.m.

Return Trip

Name of Train	*Leave Los Angeles*	*Arrive San Francisco*
Owl (Valley Route)	5:00 p.m.	8:20 a.m.
Coaster	6:30 p.m.	8:35 a.m.
Lark	9:00 p.m.	9:00 a.m.
Daylight	8:15 a.m.	6:00 p.m.
San Joaquin Daylight	8:00 a.m.	9:30 p.m.
San Francisco Passenger No. 71	1:00 p.m.	6:45 a.m.
Passenger No. 55	8:25 p.m.	6:50 p.m.

* * *

Santa Fe Railroad

The Santa Fe operates two "Streamliners" between San Francisco and Los Angeles each day. These are modern coach trains with diner service; coach fares apply and all seats are reserved.

From San Francisco these trains depart at 9:00 a.m., arriving Los Angeles at 7:05 p.m., and at 6:00 p.m., arriving Los Angeles at 4:10 a.m.

From Los Angeles, these trains depart at 7:00 a.m., arriving San Francisco at 5:15 p.m., and at 12:00 noon, arriving San Francisco at 10:20 p.m.

These trains provide bus service between Bakersfield and Los Angeles, operating modern air-conditioned coaches for this service.

* * *

United Air Lines

United Air Lines schedules nine flights daily between San Francisco and Los Angeles, with one flight each way making stops at Santa Barbara and Salinas, and two flights stopping at Bakersfield and Fresno. Schedules are subject to change and all reservations are subject to priorities issued to Army, Navy and other essential travelers. Members should check carefully on the priority status of an individual flight before attempting to make firm reservations for travel on that flight. Schedules are as follows:

Flight Number	*Leave San Francisco*	*Arrive Los Angeles*
52	6:30 a.m.	8:51 a.m.
54	8:00 a.m.	10:00 a.m.
*60	10:00 a.m.	12:38 p.m.
62	2:05 p.m.	4:05 p.m.
68	4:00 p.m.	6:00 p.m.
**70	5:00 p.m.	8:04 p.m.
72	5:35 p.m.	7:35 p.m.
74	8:45 p.m.	10:45 p.m.
**78	2:40 a.m.	5:26 a.m.

	Leave Los Angeles	*Arrive San Francisco*
51	6:45 a.m.	8:45 a.m.
*53	9:30 a.m.	12:00 m.
55	10:00 a.m.	12:00 m.
59	1:05 p.m.	3:05 p.m.
**65	1:30 p.m.	4:18 p.m.
67	5:00 p.m.	7:00 p.m.
69	7:00 p.m.	9:00 p.m.
75	9:00 p.m.	11:18 p.m.
**77	11:00 p.m.	1:48 a.m.

* Stops at Salinas and Santa Barbara.
** Stops at Bakersfield and Fresno.

IX

HOTELS

The official headquarters of the next annual session will be the *Hotel Biltmore*, 518 South Olive Street, (Olive, between Fifth and Sixth Streets), Los Angeles. Because of the prospective attendance, the facilities of other hotels may also be used.

All requests for reservations must be sent to the hotels direct. In writing, it is well to state the number in the party, date of arrival, date of departure, nature of accommodations desired (single room, double room, double bed, twin beds, bath).

For additional information, inquire at California Medical Association registration desk (located in the East-West Galeria).

Los Angeles Hotels: With Telephone Numbers

A list of some hotels in Los Angeles within easy distance of the Biltmore.

Hotels	*Telephones*
Alexandria Hotel, 210 W. Fifth St.	(MAdison 2741)
Ambassador Hotel, 3400 Wilshire Blvd.	(DRexel 7011)
Biltmore Hotel*, 515 S. Olive	(MIchigan 1011)
Carlton Hotel, 519 S. Figueroa St.	(MIchigan 6571)
Chapman Park Hotel, 615 S. Alexandria Ave.	(FItzroy 1181)
Clark Hotel, 426 S. Hill St.	(MIchigan 4121)
Gates Hotel, 830 W. Sixth St.	(TRinity 3931)
Hayward Hotel, 206 W. Sixth St.	(MIchigan 5151)
Mayfair Hotel, 1256 W. Seventh St.	(FItzroy 4161)
San Carlos Hotel, 507 W. Fifth St.	(MUtual 2291)
Savoy Hotel, 601 W. Sixth St.	(MAdison 1411)
Stillwell Hotel, 838 S. Grand Ave.	(TRinity 1151)
Town House, 639 S. Commonwealth Ave.	(EXposition 1234)
William Penn Hotel, 2208 W. Eighth St.	(EXposition 3181)

* Headquarters Hotel.

* * *

Biltmore Hotel: Headquarters Hotel
515 S. Olive (MIchigan 1011)

Single rooms.....$5.00, $5.50, $6.00, $6.50 and $7.00
Double rooms.....$7.00, $7.50, $8.00, $8.50 and $9.00
Suites$12.00, $20.00

All rooms in the Biltmore have individual private baths, and in the case of the doubles, twin or double beds are optional.

* * *

Ambassador Hotel
3400 Wilshire Blvd. (DRexel 7011)

Single room with bath, one person.....$6.00 to 15.00
Double room with bath, two persons..... 8.00
Twin beds 15.00
Two single rooms, bath between, two persons, each. 8.00
Two double rooms, bath between, four persons, each 15.00

* * *

Alexandria Hotel
210 W. Fifth St. (MAdison 2741)

Single room with bath, one person.....$3.00
Double room with bath, two persons..... 4.00 and 5.00
Room for 3 persons..... 7.50

* * *

Chapman Park Hotel
615 S. Alexandria Ave. (FItzroy 1181)

Single room with bath, one person.....$3.50
Double room with bath, two persons.....4.00 and 6.00

* * *

Clark Hotel
426 S. Hill St. (MIchigan 4121)

Single room with bath, one person.....$3.00 and 3.50
Double room with bath, two persons.....4.00 and 4.50

Gates Hotel
830 W. Sixth St. (TRinity 3931)

Single room without bath, one person.....$1.50
Double room without bath, two persons, each..... 1.50
Single room with bath, one person..... 3.00
Double room with bath, two persons..... 4.00
Two single rooms, bath between, two persons, each.. 4.00
Two double rooms, bath between, four persons, each. 4.00

* * *

Hayward Hotel
206 W. Sixth St. (MIchigan 5151)

Single room without bath, one person.....$2.00
Double room without bath, two persons, each..... 2.50
Single room with bath, one person..... 2.50
Double room with bath, two persons..... 3.00
Two single rooms, bath between, two persons, each.. 3.50

* * *

Mayfair Hotel
1256 W. Seventh St. (FItzroy 4161)

Single room with bath, one person.....$2.75
Double room with bath, two persons.....3.30 and 3.85

* * *

Rosslyn Hotels
111 W. Fifth St. (MIchigan 3311)

Single room without bath, one person.....$1.50
Double room without bath, two persons..... 2.00
Single room with bath, one person..... 2.00
Double room with hath, two persons.....3.00 to 7.00

* * *

William Penn Hotel
2208 W. Eighth St. (EXposition 3181)

Single room with bath, one person.....$2.00
Double room with bath, two persons..... 2.50
With twin beds..... 3.50

* * *

Hotel Stillwell
838 S. Grand Ave. (TRinity 1151)

Single room with bath, one person.....$2.00 and 2.50
Double room with bath, two persons.....3.00 and 3.50

* * *

Savoy Hotel
601 W. Sixth St. (MAdison 1411)

Single room without bath, one person.....$2.00
Double room without bath, two persons..... 2.75
Single room with bath, one person..... 2.75 up
Double room with bath, two persons..... 2.75 up

CALIFORNIA STATE BOARD OF PUBLIC HEALTH

The California State Board of Public Health will hold a meeting at Hotel Biltmore on Monday, May 8, 1944.

The meeting will be held in one of the Section meeting rooms on the mezzanine floor. For room number and hour of meeting, see the Bulletin Board.

The Board will be pleased to hear any members of the medical profession who may desire to call attention to public health problems or needs.

X

FILMS: MILITARY, MEDICAL, SURGICAL, AND PUBLIC HEALTH

Music Room, off East-West Galeria

Films will be presented in the Music Room (off the East-West Galeria, near junction with main North-South Galeria).

Films will be shown during the morning hours and, unless otherwise announced, a different film will start on each half-hour, commencing at 9 a.m. and continuing until the noon hour.

Time of presentation of films will be posted on bulletin boards at the entrance of the Main Room. A list of films will appear in the Convention programs, to be distributed at Los Angeles.



MRS. C. C. LANDIS
President, Woman's Auxiliary to the
California Medical Association
1944



MRS. LAWRENCE K. GUNDRUM
Recording Secretary, Woman's Auxiliary to the
California Medical Association
1944

WOMAN'S AUXILIARY

Fifteenth Annual Session

WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION

Headquarters at Biltmore Hotel, Los Angeles

Mrs. C. C. Landis, *President*

Mrs. Ludwig L. Kaftan, *Convention Chairman*

Saturday, May 6

2:00-6:00 p.m. }
7:00-9:00 p.m. } Registration

Sunday, May 7

8:30 a.m.-2:00 p.m.—Registration.

8:30 a.m.—Executive Board Meeting.

10:00 a.m.—First General Session of Convention.

1:00 p.m.—Luncheon—Honoring:
Mrs. C. C. Landis, President.
Mrs. Ralph B. Eusden, President-Elect.

Monday, May 8

9:00-11:00 a.m.—Registration.

9:30 a.m.—Second General Session of Convention.
Election of Officers.
Election of District Councilors from 1st, 2nd, 4th, 6th and 7th Districts.

1:00 p.m.—Luncheon—Honoring:
Mrs. Karl L. Schaupp, wife of the President of the California Medical Association.

3:00 p.m.—Post-Convention Board Meeting.

Convention Committees

Los Angeles, May 7-8, 1944

Convention Chairman.....Mrs. Ludwig L. Kaftan
Local Chairman.....Mrs. George P. Landegger
Credentials and Registration.....Mrs. Hollis Carey
Local Chairman Registration.....Mrs. Jesse L. Brockow
Transportation.....Mrs. Benjamin Sherman
Information.....Mrs. C. Raphael Dunlevy
Decorations and Flowers.....Mrs. L. C. Burwell
Ushers and Pages.....Mrs. Paul Saffo
Printing and Supplies.....Mrs. Edwin B. Plimpton
Badges Mrs. P. W. Seals
Finance.....Mrs. Charles F. Gailmard
Emergency.....Mrs. J. Edward Short
Hostess.....Mrs. Eric Larson
Sunday Luncheon.....Mrs. Clifford Wright
Monday Luncheon.....Mrs. Wm. C. Boeck
Publicity.....Mrs. Ward Rolland
Long Beach Chairman.....Mrs. K. C. Brandenburg
Pasadena Chairman.....Mrs. L. G. Hunnicut

Part II

PRE-CONVENTION BULLETIN

FOREWORD.—The official reports which follow will be presented at the coming session of the House of Delegates.

Delegates, therefore, are urged to familiarize themselves with their contents.

Members, likewise, are requested to become familiar with the recommendations in these reports, and to discuss them with other members and delegates.

Through such coöperation, action that will be in line with majority opinion, is more apt to be taken.

* * *

I

REPORTS OF GENERAL OFFICERS

REPORT OF THE PRESIDENT

To the House of Delegates:

The past year has probably been the most strenuous in the history of the California Medical Association, and when the ultimate story has been told, no doubt it will be considered to have been the most important. A tremendous amount of work has been done, as becomes evident through reading the report of the Council and other officers of the Association.

Your President has been closely associated with the Association's work for a good many years, and has never seen such earnest, conscientious application to duty as has been shown by the officers of the Association and the members of the Council. He has been particularly impressed by the deep sincerity and conscientiousness of the Council members, who have taken the problems of the general practitioner of medicine very deeply to heart, and have given to them, while they have been away from the Council meetings, many hours of thought.

Captain Gilman, the Chairman of the Council, has performed yeoman's service, if such a term can be applied to a captain. He has been giving far more of his time than should be expected of any officer of the Association. Dr. George H. Kress, our secretary, has carried on negotiations in behalf of the agricultural workers, without which, I am sure, our whole plan for their medical care would have been, not only jeopardized, but broken down. Mr. John Hunton, our executive secretary, having performed all of his regular duties with efficiency and dispatch, has given much of his free time to the work of Procurement and Assignment Service. Dr. John Cline, Chairman of the Executive Committee, has devoted many hours from his busy practice to working out details and plans under the instruction of the Council. Dr. Lowell Goin, your President-elect, has shown a leadership and a devotion to duty which assures us that in the coming year we shall have a president who will long be remembered for his service to the Association and to the general practitioner of medicine. As a matter of fact, I cannot praise too highly the efforts of all the men and the various committees for their conscientious endeavors to preserve that which we treasure most highly in the practice of medicine, while realizing that the practice of the future will, of necessity, be different from that of the past.

Your President has been unable, for many reasons, to make the usual visits to the various county societies. It has been his pleasure, however, to be present at a number of such meetings where important problems were under consideration. Most of his time has been devoted to representing the Association in the work of the Procurement and Assignment Service Coördinating Committee, in attempts to effect the consolidation of hospital service groups. He has also tried to preserve the Agricultural Workers' Health and Medical Association, through which the migratory farm worker has been receiving excellent care, and for which the California physician has received a reasonable compensation for service to that class of patient. And he has dedicated many hours to bringing before society members, hospitals, and other groups the importance in our medical plan of the Physicians' Service, which, to his mind, is the only honest and possibly effective answer we have to State Medicine. He feels that, at the present time, we are at our most critical period, but is confident that with such efficient officers and competent Council we shall, from now on, begin to make progress, provided that the rank and file of the membership of the California Medical Association will but put their shoulders to the wheel and give honest, sincere help in the attempt to make this progress.

Respectfully submitted,

KARL L. SCHAUPP, *President.*

REPORT OF THE PRESIDENT-ELECT

To the President and the House of Delegates:

It is to be regretted that the exigencies of travel have almost completely prohibited the customary visits to the county societies.

Your president-elect, however, has been able to visit Orange County, Riverside County, San Diego County and the Harbor Branch of Los Angeles County. His other activities have been confined to the usual functions of the Council and of the Executive Committee.

Respectfully submitted,

LOWELL S. GOIN, *President-Elect.*

REPORT OF THE PAST PRESIDENT

To the President and the House of Delegates:

The provision in the Constitution and By-Laws continuing the Past President on the Council for one year is, in the main, a good one. It enables the Past President to see to a conclusion any and all of the matters which once demanded his attention and which had not been completed. It is possible also that his experience and familiarity with Association matters may be of benefit to both the Association and the Council.

During the year I have attended each of the Council and Executive Committee meetings and was impressed with the earnestness that the Council displayed in meeting and considering the many problems facing the medical profession.

Time alone will be the best judge of the wisdom of some of the Council's decisions and actions during the year. *"Nothing ventured, nothing gained,"* is an old adage which can still be applied to our consideration of the uncharted course of medical economics.

I wish once more to express to the officers and members of the Council my deep appreciation for their courtesy and consideration given me during the past two years.

Respectfully submitted,

WILLIAM R. MOLONY, SR., *Past President.*

REPORT OF THE SPEAKER OF THE HOUSE OF DELEGATES

To the President and the House of Delegates:

On the shoulders of each delegate this year will rest the burden of attempting to solve many disturbing problems of medicine. This burden does not constitute the fate of the whole world, but it involves one part of the world and a situation most important to us as California doctors. If we fail to carry it with vision and strength we may never again, in our generation at least, be given the right to carry a load by our own volition. If we but transform our burden into a torch and carry it in challenge, the light may attract many to lift the load.

This year the report of the Public Relations Survey by Foote, Cone and Belding and their recommendations will need action by our House of Delegates. The report of Mr. Ben Read, regarding doings in Washington and the accomplishments of the Western States in forming a National Public Health League, will be prominent. Recommendations by the Council and others regarding proposed changes in the A.M.A. and its activities will need decision. Perhaps most important will be the consideration of the status of C.P.S. and the medical profession of this State. A complete discussion and a settlement of the problem, "at once and for all," must be made at this meeting.

These are only part of our agenda. I urge that all delegates and alternates feel keenly their duty, let nothing interfere with their attendance at all sessions, and report promptly at the specified hours of assembly.

Respectfully submitted,

E. Vincent Askey, *Speaker.*

REPORT OF VICE-SPEAKER

To the President and the House of Delegates:

The Vice-Speaker of the House of Delegates has attended all meetings of the Council and has observed with interest the mechanisms by which the State Council implements instructions of the House of Delegates, and acts in the interim between meetings of that body.

The Council of the California Medical Association is composed of a group of sincere, alert and hard-working individuals, who devote much time and effort in the interests of organized medicine. In watching these deliberations one cannot but be impressed with the business-like manner, and the absolute earnestness with which difficulties are approached. This is representative government at its best. Results speak for themselves.

Respectfully submitted,

L. A. Alesen, *Vice-Speaker.*

REPORT OF THE CHAIRMAN OF THE COUNCIL

To the President and the House of Delegates:

During 1943 it has been my privilege to conduct the meetings of the Council, before which come the many important items confronting the Association. The tentative report of the Council, which appears on another page of this issue, indicates the scope of the Council's activities during 1943 and shows the importance of the regular meetings of that body. Additional reports and recommendations may be made by the Council for the consideration of the House of Delegates.

Respectfully submitted,

P. K. Gilman, *Chairman of the Council.*

REPORT OF THE COUNCIL

To the President and the House of Delegates:

During the last year, the Council of the California Medical Association has been confronted, not with one, but a number of problems having vital relations to medical practice in California. So grave are some of these matters, that final action thereon must be taken by its supreme body, the House of Delegates. In the meantime, the Council has done those things necessary to permit it to present additional informative data and suggestions to the House. Brief reference to some of the special problems are indicated in this report.

1. Meetings.

The 310th Council meeting was its organization session, and was held in Los Angeles on May 3rd, 1943. An organization meeting of the C.M.A. Executive Committee was held on the same date. Other meetings of Council took place: 311th on June 19, 1943 in San Francisco; 312th on August 22, 1943, in San Francisco; 313th on October 10, 1943, in Los Angeles; 314th on January 23, 1944, in San Francisco; and 315th on March 5, 1944, in San Francisco.

2. Membership.

Membership of the California Medical Association (inclusive of its 2,062 members in military service) totals 7,340. During the last calendar year 429 physicians were elected into county society membership, to thus become members of both the C.M.A. and A.M.A.

3. Finances.

In addition to routine administrative expenses, which do not vary greatly from year to year, the Council, in protection and promotion of the best interests of medical practice deemed it advisable to make several appropriations not provided for in the budget:

(a) Expenses of the survey of nonprofit medical and hospitalization service groups operating in California, the study and report being made by Mr. John Mannix of Michigan Medical Service and printed in California and Western Medicine for November, 1943, on pages 258-265; the total cost amounting to $1,500.

(b) Authorization of a public opinion survey by a national public relations firm,—Foote, Cone and Belding, —made in November, 1943, concerning which comment is made below, costing $7,198.49.

(c) Allocation of the sum of $18,000 to cover the share of the California Medical Association in establishing at Washington, D. C., an office of medical information, to be conducted under the jurisdiction of the C.M.A. Committee on Public Relations and Legislation, in conjunction with the newly-formed United Public Health League.

(d) Allocation of the sum of twenty-five thousand dollars ($25,000.00) at the Council meeting of March 5, 1944, to cover expenses involved in carrying on public relations work in line with the information brought out in the survey of Foote, Cone and Belding, and to promote also the better attainment of the objectives of California Physicians' Service.

War Industry and Agricultural Migrant Problems in California:

(a) The influx of thousands of citizens from other States, attracted to California by the massive war industries that have grown up almost overnight, and necessarily needing to be provided with housing facilities of similar transient nature, brought up the problem of their adequate medical care. Because two thousand of our own members are in military service, it has not been easy to secure sufficient medical personnel for some of these mushroom areas and communities. Difficulties encountered were not made easier, since some of the local government boards were not fully coöperative. The subject is mentioned, since it has intimate ramifications to medical and hospitalization activities.

(b) The medical care of the migratory agricultural

workers, so well carried on under the Agricultural Workers Health and Medical Association, on the governing board of which Dr. Karl L. Schaupp has been a guiding influence, was imperiled by proposed federal legislation. Through the efforts of his special committee, Dr. Schaupp was able to secure favorable legislative action. The good work in the medical care of needy agricultural workers will be continued.

California Physicians' Service:

C.P.S. was brought into existence by the California Medical Association in 1938. Its progress has not been along paths strewn with roses. However, it has endeavored to follow those lines of procedure which, at the time of their institution, were deemed safest and best to its constituted authorities. All things considered, its record of achievement is one in which the California Medical Association may take legitimate pride. It is gratifying to know that the unit values designed to compensate the physician-underwriters of this statewide medical service plan are now on a two-dollar basis, and with good management should consistently increase.

However, the experience of the last five years has demonstrated some inadequacies in function that must be rectified, if C.P.S. is to move on to attain its original objectives in the way of service. The House of Delegates brought C.P.S. into existence under its present set-up, and the House must now decide what changes it wishes to authorize in the way of alterations. Delegates who desire to orient themselves concerning proposed changes should read the pertinent items in the Council minutes: C. and W. M., November, 1943, Item 6 on page 273; March, 1944, Item 7 on page 103; and in the April, 1944 of current issue, Item 10 on page 214.

Liaison Committee of Eight (Medical Service and Hospitalization Groups):

In its endeavors to bring about an harmonious relationship between California Physicians' Service; Hospital Service of California; Hospital Service of Southern California; and Intercoast Hospitalization Insurance Association,—to make possible a more efficient medical care and hositalization service for the lower income groups of California citizens,—the Council, after serious discussion, brought into being a liaison Committee of Ten (later changed to Committee of Eight by request of the Committee of Ten). Council minutes of meeting of October 10, 1943, record the action taken (C. and W. M., November, 1943, Item 6 on page 273).

The Liaison Committee held three meetings, and after discussion, agreed to bring in a coördinator who would make a survey and institute necessary adjustments to promote a more efficient and comprehensive management, but at the same time properly conserve the interests of the parties concerned.

Unfortunately, the tender of the position of coördinator, offered to five different out-of-state experts in medical care and hospitalization work who had been selected by the Liaison Committee as acceptable, was declined by each.

The C.M.A. Council at its meeting on March 5, 1944, as recorded in Item 10 of its minutes (C. and W. M., April, 1944, current issue, on page 214) outlined resolutions designed to bring about a betterment in existing conditions. Because of the nature and scope of proposed actions, these resolutions should be read by all delegates and alternates.

Survey of Public Relations of the California Medical Association, as of January, 1944:

During the last year, each succeeding month seemingly has brought to the attention of Councilors increasing uncertainty concerning the trend of public opinion in relation to physicians, medical practice, and to proposed legislation regarding medical care through governmental agencies. These various subjects have received earnest consideration by the Council. It was finally agreed that it would be a wise expenditure of funds, if an accurate survey of public opinion in California, concerning medical care in its various aspects, could be made. The value of such a survey would depend in good part on whether the impersonal inquiry, into thinking-trends of California citizens, would be truly representative of the entire State. It was agreed that such an investigation needed expert, rather than amateur supervision, no matter how well-intentioned the latter might be.

After discussion, a national firm—Foote, Cone and Belding, successors to the Lord and Thomas agency,—was selected for the work, and the survey was made in November, 1943. This survey received mention in the minutes of the 313th meeting (C. and W. M., November, 1943, Item 5 on page 273; C. and W. M., March, 1944, Item 5 on page 102; C. and W. M., April, 1944, current issue, Item 10 on page 214.)

The Council makes the request to delegates and alternates that they scan these items, since their reading will permit much clearer understanding of the problems, and so lay the foundation for proper action at the Annual Session.

Fee Schedule, C.M.A. Industrial Accident Commission:

Members of the Association have long been dissatisfied with the State Compensation Fund's large dividends returned on premiums to firms and citizens to whom the State Fund had sold its coverage. The Council through its special committee, has made earnest efforts to bring a proper adjustment into being. In the current issue of C. and W. M. (Item 10 on page 214) the subject receives clarifying comment. The injustice of existing rates must be done away with.

Malpractice Defense:

This year the premium rates for malpractice coverage have skyrocketed, due to one or two unfortunate experiences with x-ray apparatus. The underwriter-carriers, as a consequence, suffered losses, through court judgments, in excess of $300,000.

A special committee of the Council will submit to the House of Delegates a report on this problem.

Osteopathy in California:

Brief comment has appeared in the printed proceedings of the Council in reference to plans under consideration, whereby some of the conflicting legal sanctions now operative in California, for licensure of nonsectarian physicians and surgeons, and osteopathic physicians and surgeons, would be remedied. For a time it appeared that progress was being made, through approval of principles submitted by the Association of American Medical Colleges and the A.M.A. Council on Medical Education. Later, because of legal phases, opposition to the proposed plans was made by the Federation of State Medical Boards of the United States. So there the matter now rests.

California and Western Medicine:

The Council, at its meeting of January 23, 1944 (as outlined in Item 12 of minutes, in C. and W. M., for March, 1944, on page 105 approved the recommendation that California and Western Medicine should be printed in Los Angeles.

It is important for members to remember that California and Western Medicine is the official journal of organized medicine in California, and, as such, has the responsibility of keeping members informed concerning all activities that menace medical practice and scientific medicine. Also, owing to action by the House of Delegates several years ago, that the size was limited to a

publication of 96 pages; reduced with all other publications, by 10 per cent in January, 1944, through governmental directive, in order to conserve paper for the War effort. It follows, that the number of pages for original articles is necessarily limited, and that it is impossible to provide publication for every single paper presented at an annual session, and much less so, for other papers voluntarily submitted. Contributors, then, should keep this fact in mind. The Council has placed upon the Executive Committee of the Editorial Board, and not the Editor, the responsibility of deciding, what papers shall be accepted and what manuscripts shall be released for publication elsewhere.

Annual Session:

In times such as the present, with so many activities so closely related to medical practice receiving increased recognition in newspapers and other publications, it is as important, as ever, that the continuity of annual sessions and conferences be continued. Members who are participants in the scientific programs are thus given the opportunity of conferring with colleagues, who are members of the House of Delegates; securing in that manner, a better cross section of viewpoint of the profession. Appreciation is expressed to all who are contributors in the brief two-day annual session.

The Council also wishes members of the Association to know that suggestions are welcomed at all times. The Councilors desire only to approve those plans and actions which will make for the fullest protection and advancement of the public health and a high standard medical profession.

Respectfully submitted,

THE COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION,
PHILIP K. GILMAN, *Chairman.*

REPORT OF THE PRESIDENT OF THE TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION

To the President and the House of Delegates:

The Trustees of the California Medical Association, whose members are the members of the Association council, acts as trustee of funds and property obtained from the Association or from other sources. During the past year it has held the required business meetings and has transacted its necessary business in an orderly manner. The report of its financial affairs at the close of 1943 is printed elsewhere under the report of the Association treasurer.

As president of the Trustees of the California Medical Association, it has been my privilege to conduct the necessary meetings during the year.

Respectfully submitted,

P. K. GILMAN, *President.*

REPORT OF THE SECRETARY-TREASURER

To the President and the House of Delegates:

In accordance with past custom, your Secretary-Treasurer submits his report under two subheadings: (1) Report of the Association Secretary, and (2) Report of the Treasurer.

I. Report of the Secretary

During the last year, in his various functions as Secretary of the following bodies: the House of Delegates, the Council, the Executive Committee, the Committee on Postgraduate Activities, and also as Chairman of the Committee on Scientific Work that is in charge of preparation of Annual Session programs, your Association Secretary has prepared the agenda for the various meetings, and carried out the instructions concerning actions authorized by these respective bodies.

In addition to the above, in his duties as Association Secretary, there has been the usual large amount of general correspondence and miscellaneous work. With the aid of his assistants, an effort has been made to perform these duties as efficiently and expeditiously as possible.

Since the reports of the constituted authorities and committees appear elsewhere, it is not necessary to amplify here regarding the objectives sought, or the work performed.

Thanks are extended to all who have aided, in making satisfactory, the performance of these various duties.

II. Report of the Treasurer

As stated in previous annual reports, the report of the Certified Public Accountants, Messrs. Hood and Strong, which follows, gives a survey of income and expenditures, regarding:

(1) California Medical Association activities, both as based on income from dues and current maintenance and administrative expenses; and also

(2) On the reserve funds held by the "Trustees of the California Medical Association," (a nonprofit corporation composed of the year-by-year general officers, who function as a holding company for the California Medical Association, all under the corporate laws of the State).

At last year's Annual Session, the Executive Committee recommended to the House of Delegates that the report of the Certified Public Accountants be printed in full, to permit the component county societies and all members who may be interested, to better orient themselves concerning the resources of the California Medical Association, its income and expenditures. The request was favorably acted upon by the House of Delegates, and the full report is here appended.

Additional information on any points, that may be obscure, is available at the headquarters' office of the Association.

Respectfully submitted,

GEORGE H. KRESS, *Secretary-Treasurer.*

* * *

Report of the Certified Public Accountants, Hood and Strong, San Francisco, follows:

Report of Examination

* * *

I. California Medical Association
and of
II. Trustees of the California Medical Association
(A Corporation)
San Francisco, California
December 31, 1943

HOOD AND STRONG
CERTIFIED PUBLIC ACCOUNTANTS
SAN FRANCISCO

I

California Medical Association

January 17, 1944.

CALIFORNIA MEDICAL ASSOCIATION,
San Francisco, California.

Dear Sirs:

Pursuant to your instructions, and following upon our similar attention for previous years, we have made an examination of the accounts and records of CALIFORNIA MEDICAL ASSOCIATION for the year ended December 31, 1943, and present hereinafter the following statements:

California Medical Association and Trustees of the California Medical Association (a Corporation)—
Combined Comparative Balance Sheet—December 31, 1943 and December 31, 1942
California Medical Association:—
Balance Sheet—December 31, 1943

Statement of Income and Expenditure—Comparative for Years Ended December 31, 1943 and December 31, 1942

Expenditure—Comparative for Years Ended December 31, 1943 and December 31, 1942

We have also made an examination of the accounts of the Trustees of the California Medical Association, a non-profit corporation, and have rendered a separate report thereon.

The following comments are submitted in amplification of the various items appearing in the statements herein submitted, and indicate, generally, the scope of our examination:

COMBINED COMPARATIVE BALANCE SHEET
DECEMBER 31, 1943 AND DECEMBER 31, 1942

CALIFORNIA MEDICAL ASSOCIATION AND TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)

This statement exhibits, in condensed form, the combined assets and liabilities of both organizations. The assets and liabilities of the California Medical Association will be discussed in detail hereinafter, and separate report is being presented as to the assets and liabilities of the Trustees of the California Medical Association (a corporation).

BALANCE SHEET—DECEMBER 31, 1943

CALIFORNIA MEDICAL ASSOCIATION

* * *

ASSETS

CASH—$41,271.98:

We verified the amount on deposit in bank from the basis of confirmation received directly by us from the depositary. The petty cash fund was counted.

ACCOUNTS RECEIVABLE—$1,890.89:

These consist of "Journal" advertisers, in amount $2,390.89, less a reserve which has been provided for doubtful accounts in amount $500.00. These accounts are considered to be collectible in the ordinary course of business. We examined accounts totaling the above sum, but we did not verify the amounts by direct correspondence with individual debtors.

NOTE RECEIVABLE—$39,300.00:

This represents loans to California Physicians' Service in prior years, which have been renewed in one note dated May 3, 1943, due in three years, without interest. This note was verified by inspection.

TRUST FUNDS—$7,373.36:

These consist of the Morris Herzstein Bequest Fund of $1,848.86 and the Benevolence Fund of $5,524.50. The changes in the Morris Herzstein Bequest Fund during the year were as follows:

Balance, January 1, 1943	$1,155.49
Income	693.37
Balance, December 31, 1943	$1,848.86

The income was verified from a photostatic copy of a statement of receipts and disbursements prepared by the Trustee, as to Trust Income, and from savings bank pass books as to interest.

The changes in the *Benevolence Fund* during the year were as follows:

Balance, January 1, 1943	$2,141.50
Add, Transfer from Commercial Account, as authorized by Council Meeting, June 9, 1943.	5,329.00
	$7,470.50
Less Disbursements	1,946.00
Balance, December 31, 1943	$5,524.50

We verified the disbursements from the basis of canceled checks, and the balance was confirmed directly to us by the bank.

DEFERRED CHARGES—$790.84:

Details of this asset appear on the Balance Sheet and call for no further comment. In our opinion, they are correctly stated.

* * *

LIABILITIES

ACCOUNTS PAYABLE—$18,660.27:

The composition of this item appears on the Balance Sheet. The amount due to the Trustees of the California Medical Association is in agreement with the accounts of that Association.

CALIFORNIA MEDICAL ASSOCIATION AND TRUSTEES OF THE
CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)
San Francisco, California

COMBINED COMPARATIVE BALANCE SHEET

	TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION	CALIFORNIA MEDICAL ASSOCIATION	ELIMINATIONS	COMBINED DECEMBER 31, 1943	COMBINED DECEMBER 31, 1942	INCREASE *Decrease*
ASSETS						
Cash	$41,271.98	$ 7,860.14		$ 49,132.12	$ 38,765.25	$10,366.87
Marketable Securities		72,270.05		72,270.05	42,129.42	30,140.63
Due from California Medical Association		16,303.07	$16,303.07			
Accounts Receivable	1,890.89			1,890.89	1,629.36	261.53
Endowment Fund		255.60		255.60	252.44	3.16
Benevolence Fund	5,524.50	5,431.20		10,955.70	6,510.80	4,444.90
Trust Fund	1,848.86	50,859.92		52,708.78	50,863.49	1,845.29
Furniture, Equipment, etc.	1.00			1.00	1.00	
Deferred Charges	790.84			790.84	891.37	*100.53*
Note Receivable	39,300.00			39,300.00	39,300.00	
	$90,628.07	$152,979.98	$16,303.07	$227,304.98	$180,343.13	$46,961.85
LIABILITIES, RESERVES AND SURPLUS						
Due to the Trustees of the California Medical Association	$16,303.07		$16,303.07			
Other Accounts Payable	2,357.20	62.50		$ 2,419.70	$ 2,097.65	$ 322.05
Members' Contribution to Endowment Fund		255.60		255.60	252.44	3.16
Benevolence Fund	5,524.50	5,431.20		10,955.70	6,510.80	4,444.90
Deferred Income	1,540.00			1,540.00	60.00	1,480.00
Trust Accounts	1,848.86	50,859.92		52,708.78	50,863.49	1,845.29
Reserve	39,300.00			39,300.00	39,300.00	
Surplus	23,754.44	96,370.76		120,125.20	81,258.75	38,866.45
	$90,628.07	$152,979.98	$16,303.07	$227,304.98	$180,343.13	$46,961.85

All liabilities of which we have knowledge, with the exception of the small monthly bills, have been accounted.

DEFERRED INCOME—$1,540.00:

This amount represents Dues received in advance.

TRUST ACCOUNTS—$7,373.36:

This is a contra item to the amount of assets shown in the Balance Sheet, and has been commented on hereinabove.

RESERVE—$39,300.00:

This item represents a provision for possible loss in the collection of the $39,300.00 advanced to the California Physicians' Service.

SURPLUS—$23,754.44:

This is the amount by which the total assets exceed total liabilities and reserve, as at December 31, 1943, and the changes during the year were as follows:

Balance, January 1, 1943	*$13,233.07*
Add Excess of Receipts over Disbursements for the year ended December 31, 1943	36,987.51
Balance, December 31, 1943	$23,754.44

* * *

STATEMENT OF INCOME AND EXPENDITURE

There is exhibited in this statement the income and expenditure for the years 1943 and 1942, together with increase or decrease in each item.

As to membership dues, this income was checked by us to the statement of remittances sent in by the County Societies, and further verified by direct correspondence with several of the County Societies selected by us at random, asking them to confirm directly to us the amount remitted by them. The income so checked was verified to have been deposited in banks. From the basis of our examination, and from replies received from the County Societies, we are satisfied that dues are being properly received and accounted, although, as understood by you, we made no attempt to check the dues to the membership cards on file.

Income from advertisements in the "Journal" was test-checked by us to advertisements appearing in the December 31, 1943, issue of that periodical.

Expenditures were verified from canceled checks and by inspection of vouchers where necessary. Minutes of the meetings of the Council, Trustees, etc., were reviewed by us for authorization of the larger expenditures.

It will be noted that there was an increase of $46,516.90 in net receipts for 1943 over 1942. This is caused primarily by an increase in dues and by a reduction in expenditure for scientific, education and public relations, the latter item being caused by no expenditure in 1943 to promote the Basic Science Law, as against the large expenditure for this purpose in 1942.

At the end of 1942 there were two special funds which do not exist at this time; one was the Basic Science Law Fund, and the other was the Special Assessment Fund. Details of the changes in these funds during the year are as follows:—

Basic Science Law Fund:		
Balance, January 1, 1943		$10.01
Returned to California Medical Association		10.01
Balance		Nil
Special Assessment Fund:		
Balance, January 1, 1943		$899.39
Expenditures during 1943		899.39
Public Relations and Legislation	$897.89	
Sun Advertising Company	1.50	
Balance		Nil

Very truly yours,

HOOD AND STRONG.

CALIFORNIA MEDICAL ASSOCIATION
San Francisco, California

BALANCE SHEET
December 31, 1943

* * *

ASSETS

Cash		$41,271.98	
On Deposit	$41,228.38		
Commercial Accounts	$11,315.87		
Savings Accounts	29,912.51		
Petty Cash Fund	43.60		
Accounts Receivable		1,890.89	
Journal Advertisers:			
Total	2,390.89		
Less Reserve for Doubtful Accounts	500.00		
Note Receivable		39,300.00	
California Physicians' Service	39,300.00		
Trust Funds		7,373.36	
Morris-Herzstein Bequest	1,848.86		
Benevolence	5,524.50		
Furniture and Fixtures—			
Nominal Value		1.00	
Deferred Charges		790.84	
Rent paid in advance	274.00		
Equipment for Annual Meeting	266.84		
Postage	250.00		$90,628.07

LIABILITIES

Accounts Payable		18,660.27	
Due to Trustees of the California Medical Association	16,303.07		
Journal Production—Accrued Expense	1,732.25		
Miscellaneous	624.95		
Deferred Income		1,540.00	
Dues Received in Advance	1,540.00		
Trust Accounts		7,373.36	
Unexpired balance of Income received under Herzstein Bequest	1,848.86		
Benevolence Fund	5,524.50		
Reserve		39,300.00	
For Possible Loss on Loans	39,300.00		66,873.63
Surplus			23,754.44
Representing the amount by which the total Assets exceed the Liabilities and Reserves as of December 31, 1943 being—			
Balance, January 1, 1943		*13,233.07*	
Add Excess of Receipts over Disbursements, Year 1943		36,987.51	
			90,628.07

* * *

CALIFORNIA MEDICAL ASSOCIATION
San Francisco, California

STATEMENT OF INCOME AND EXPENDITURE
COMPARATIVE FOR YEARS ENDED
DECEMBER 31, 1943 AND DECEMBER 31, 1942

INCOME	YEAR ENDED DECEMBER 31, 1943	YEAR ENDED DECEMBER 31, 1942	INCREASE *Decrease*
DUES AND GENERAL:			
Membership Dues — Less portion allocated to Journal Subscriptions	$ 85,188.13	$ 71,447.00	$13,741.13
California Medical Society—Service	600.00	600.00	
Interest Earned	272.73	479.80	*207.07*
Exhibitors at Annual Meeting		7,850.00	*7,850.00*
Reprint Sales, etc.		157.47	*157.47*
Miscellaneous	2.74		2.74
	$ 86,063.60	$ 80,534.27	$ 5,529.33
OFFICIAL JOURNAL, "CALIFORNIA AND WESTERN MEDICINE":			
Advertising	$ 28,661.05	$ 25,651.21	$ 3,009.84
Members' Subscriptions (Allocated from Dues)	21,771.00	21,378.00	393.00
Cash Subscriptions	825.80	690.05	135.75
	$ 51,257.85	$ 47,719.26	$ 3,538.59
Total Income	$137,321.45	$128,253.53	$ 9,067.92
EXPENDITURE			
ADMINISTRATIVE	$ 46,581.45	$ 44,175.53	$ 2,405.92
SCIENTIFIC, EDUCATION AND PUBLIC RELATIONS	22,929.76	66,692.33	*43,762.57*
OFFICIAL JOURNAL, "CALIFORNIA AND WESTERN MEDICINE"	30,822.73	26,915.06	3,907.67
Total Expenditure	$100,333.94	$137,782.92	*$37,448.98*
EXCESS OF RECEIPTS OVER EXPENDITURE	$ 36,987.51	$ *9,529.39*	$46,516.90

CALIFORNIA MEDICAL ASSOCIATION
San Francisco, California

EXPENDITURE

COMPARATIVE FOR YEARS ENDED DECEMBER 31, 1943 AND DECEMBER 31, 1942

ADMINISTRATION:	YEAR ENDED DECEMBER 31, 1943	YEAR ENDED DECEMBER 31, 1942	INCREASE *Decrease*
Salary — Association Secretary and Treasurer	$ 3,600.00	$ 3,600.00	
Salary — Executive Secretary	7,366.67	6,600.00	$ 766.67
Salaries—Clerical	7,641.16	7,162.98	478.18
Travel Expense:			
Secretary	521.29	208.58	312.71
Officers	81.58	304.19	*222.61*
Council	3,206.52	3,423.32	*216.80*
Executive Committee	126.73	82.95	43.78
A.M.A. Delegates	1,865.28	1,747.30	117.98
Taxes—Payroll	272.88	520.08	*247.20*
Secretaries' Conference		982.12	*982.12*
Annual Meeting Expense	5,873.06	6,466.54	*593.48*
Legal Expense:			
Retainer Fee	4,000.00	4,000.00	
Other Legal Expense	1,025.65	954.53	71.12
Rent	3,288.00	3,288.00	
Office Supplies and Expense	1,877.21	1,272.75	604.46
Postage	526.43	455.75	70.68
Telephone and Telegraph	673.06	779.51	*106.45*
Council and Executive Committee	652.00	436.82	215.18
Equipment Expense	189.66	203.43	*13.77*
Miscellaneous	2,294.27	1,686.68	607.59
Survey, California Medical Service and Hospitalization Organizations	1,500.00		1,500.00
	$ 46,581.45	$ 44,175.53	$ 2,405.92
SCIENTIFIC, EDUCATIONAL AND PUBLIC RELATIONS:			
Contributions to Medical Libraries	2,666.00	2,850.00	*184.00*
Public Policy and Legislation Expense	11,201.67	3,181.04	8,020.63
Other Committee Activities	3,316.29	2,909.25	407.04
Department of Public Relations	416.80	347.33	69.47
Appropriation to Promote Basic Science Law		57,404.71	*57,404.71*
Physicians' Benevolence	5,329.00		5,329.00
	$ 22,929.76	$ 66,692.33	*$43,762.57*
OFFICIAL JOURNAL—"CALIFORNIA AND WESTERN MEDICINE":			
Salary—Editor	$ 4,000.00	$ 4,000.01	$ *.01*
Printing	19,411.58	15,804.18	3,607.40
Advertising Commissions	3,908.72	3,666.63	242.09
Wrapping and Mailing	1,579.03	1,491.50	87.53
Illustrations	374.85	431.37	*56.52*
Supplies, Expense and Office Postage	1,116.31	1,223.80	*107.49*
Discounts and Collection Expense	432.24	247.57	184.67
Provision for Doubtful Accounts		50.00	*50.00*
	$ 30,822.73	$ 26,915.06	$ 3,907.67
TOTAL EXPENDITURE	$100,333.94	$137,782.92	*$37,448.98*

II

Trustees of the California Medical Association (A Corporation)

Report of Examination December 31, 1943

January 17, 1944.

Trustees of the California Medical Association (a Corporation)
San Francisco, California.

Dear Sirs:—

Pursuant to your instructions, and following our attention for prior years, we have made an examination of your accounts for the year 1943, and upon the conclusion thereof, have prepared and present hereinafter the following statements:—

Trustees of the California Medical Association (a Corporation) and California Medical Association:—
Combined Comparative Balance Sheet—
December 31, 1943 and December 31, 1942
Trustees of the California Medical Association (a Corporation):—
Balance Sheet—December 31, 1943
Statement of Income and Expenditure—
Comparative for the Years Ended December 31, 1943 and December 31, 1942

We have also made an examination of the accounts of California Medical Association, and have rendered a separate report thereon.

The following comments are submitted in amplification of the various items appearing in the statements herein submitted, and indicate, generally, the scope of our examination:

Trustees of the California Medical Association (a Corporation) and California Medical Association
Combined Comparative Balance Sheet—
December 31, 1943 and December 31, 1942

This statement exhibits, in condensed form, the combined assets and liabilities of both organizations. The assets and liabilities of the Trustees of the California

Medical Association will be discussed in detail hereinafter, and a separate report is being presented as to the assets and liabilities of the California Medical Association.

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION
(A CORPORATION)

BALANCE SHEET—DECEMBER 31, 1943

* * *

ASSETS

CASH—$7,860.14:

This asset was verified from the basis of a certificate received by us directly from the depositary.

INVESTMENTS—$72,270.05:

This asset consists of government securities of a par value of $72,000.00, plus accrued interest of $270.05. Details of these securities are as follows:—

$25,000.00 p.v. U.S. Treasury Bonds 4%	—1944/54
2,000.00 p.v. U.S. Treasury Bonds 3¼%	—1943/45
5,000.00 p.v. U.S. Treasury Bonds 3⅛%	—1949/52
10,000.00 p.v. U.S. Treasury Bonds 3¼%	—1944/46
5,000.00 p.v. U.S. Treasury Bonds 2½%	—1964/69
10,000.00 p.v. U.S. Treasury Bonds 2½%	—1964/69
5,000.00 p.v. War Savings Bond—Series "G" 2½%	—12 yrs.
10,000.00 p.v. War Savings Bond—Series "G" 2½%	—12 yrs.
$72,000.00	

These bonds were verified by us by inspection at your safe deposit vault, in the presence of Drs. Gilman, Kress and Mr. Hunton.

DUE FROM CALIFORNIA MEDICAL ASSOCIATION—$16,303.07:

This amount is in agreement with the records of that Association and was verified by our audit of its accounts.

ENDOWMENT FUND—$255.60:

The only change in this account during the year 1943 was the addition of savings bank interest of $3.16. The balance was confirmed directly to us by the Bank of America, N. T. & S. A. This amount is offset by a like amount under "Liabilities and Surplus."

BENEVOLENCE FUND—HELD IN SAVINGS ACCOUNT—$5,431.20:

This amount represents monies in trust for the California Medical Association. The account was started in 1942 in conformity with the minutes of the California Medical Association. This fund is offset by a like amount under "Liabilities and Surplus."

The changes in this fund during the year were as follows:—

Balance, January 1, 1943		$4,369.30
Additions during year		1,061.90
County Woman's Auxiliary Donation	$35.00	
State Woman's Auxiliary Donation	965.00	
Miscellaneous Donation	15.00	
Interest on Savings Account	46.90	
Balance, December 31, 1943		$5,431.20

TRUST FUND—$50,859.92:

The analysis of this fund is as follows:—

Savings Accounts		$13,616.68
Wells Fargo Bank & Union Trust Co.	$7,003.04	
American Trust Company	6,613.64	
U. S. Government Securities		37,000.00
Accrued Interest to Dec. 31, 1943		180.74
Due from Trustees of the California Medical Association		62.50
		$50,859.92

Amounts on deposit were verified by us by direct confirmation from the depositary. The United States Government securities consist of the following:—

$ 2,000.00 p.v. U. S. Treasury Bonds 3¼%	—1944/46
5,000.00 p.v. U. S. Treasury Bonds 2¾%	—1945/47
10,000.00 p.v. U. S. Treasury Bonds 2½%	—1949/53
10,000.00 p.v. U. S. Treasury Bonds 2¾%	—Mar. 15, 1948
5,000.00 p.v. U. S. Treasury Bonds 2½%	—Dec. 15, 1945
5,000.00 p.v. War Savings Bond—Series "G" 2½%	—12 yrs.
$37,000.00	

These bonds were inspected by us at your safe deposit vault in the presence of Drs. Gilman, Kress and Mr. Hunton. We understand that this fund is an Indemnity Defense Fund and is offset by a like amount under "Liabilities and Surplus." The trustees have taken out

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)
AND CALIFORNIA MEDICAL ASSOCIATION
San Francisco, California

COMBINED COMPARATIVE BALANCE SHEET

	TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION	CALIFORNIA MEDICAL ASSOCIATION	ELIMINATION	COMBINED DECEMBER 31, 1943	COMBINED DECEMBER 31, 1942	INCREASE *Decrease*
ASSETS						
Cash	$ 7,860.14	$41,271.98		$ 49,132.12	$ 38,765.25	$10,366.87
Marketable Securities	72,270.05			72,270.05	42,129.42	30,140.63
Due from California Medical Association	16,303.07		$16,303.07			
Accounts Receivable		1,890.89		1,890.89	1,629.36	261.53
Endowment Fund	255.60			255.60	252.44	3.16
Benevolence Fund	5,431.20	5,524.50		10,955.70	6,510.80	4,444.90
Trust Fund	50,859.92	1,848.86		52,708.78	50,863.49	1,845.29
Furniture and Equipment		1.00		1.00	1.00	
Deferred Charges		790.84		790.84	891.37	*100.53*
Note Receivable		39,300.00		39,300.00	39,300.00	
	$152,979.98	$90,628.07	$16,303.07	$227,304.98	$180,343.13	$46,961.85
LIABILITIES, RESERVES AND SURPLUS						
Due to the Trustees of the California Medical Association		16,303.07	$16,303.07			
Other Accounts Payable	62.50	2,357.20		$ 2,419.70	$ 2,097.65	$ 322.05
Members' Contribution to Endowment Fund	255.60			255.60	252.44	3.16
Benevolence Fund	5,431.20	5,524.50		10,955.70	6,510.80	4,444.90
Deferred Income		1,540.00		1,540.00	60.00	1,480.00
Trust Accounts	50,859.92	1,848.86		52,708.78	50,863.49	1,845.29
Reserves		39,300.00		39,300.00	39,300.00	
Surplus	96,370.76	23,754.44		120,125.20	81,258.75	38,866.45
	$152,979.98	$90,628.07	$16,303.07	$227,304.98	$180,343.13	$46,961.85

a malpractice liability policy with Underwriters at Lloyds to protect them against any liability of this fund to the extent of $5,000.00 for any one case, or a total of $46,000.00. This policy is written for a five year term, expiring January 15, 1945.

The changes in this fund during the year were as follows:—

Balance, January 1, 1943		$49,708.00
Additions during 1943		1,151.92
Interest on Bonds	$1,008.75	
Savings Bank Interest	143.17	
Balance, December 31, 1943		$50,859.92

Liabilities and Surplus

MEMBERS' CONTRIBUTION TO ENDOWMENT FUND —$255.60:

TRUST ACCOUNT—$50,859.92:

BENEVOLENCE ACCOUNT—$5,431.20:

These items are contra to the same funds shown under the assets, and have been discussed in detail hereinabove.

DUE TO INDEMNITY TRUST FUND—$62.50:

This represents income received by the Trustees belonging to the Indemnity Trust Fund which will be transferred to the Trust Fund in 1944.

SURPLUS—$96,370.76:

Details of the Surplus appear on the Balance Sheet and call for no further comment. The only change during the year was the addition of the net income for the year.

Statement of Income and Expenditure

We have exhibited income and expenditure in this statement in comparative form for the years 1943 and 1942, together with increase or decrease in each item, and have satisfied ourselves that all income has been correctly accounted and that expenditures are proper.

Very truly yours,

Hood and Strong.

* * *

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)
San Francisco, California

BALANCE SHEET — DECEMBER 31, 1943

ASSETS			
CASH		$ 7,860.14	
On Deposit — Bank of America, N.T.&S.A.:			
Commercial Account	$ 337.71		
Savings Account	7,522.43		
INVESTMENTS		72,270.05	
U. S. Government Securities	72,000.00		
Accrued Interest	270.05		
DUE FROM CALIFORNIA MEDICAL ASSOCIATION		16,303.07	
ENDOWMENT FUND—HELD IN SAVINGS ACCOUNT		255.60	
BENEVOLENCE FUND—HELD IN SAVINGS ACCOUNT		5,431.20	
TRUST FUND		50,859.92	
Savings Accounts	13,616.68		
Wells Fargo Bank & Union Trust Co.	$7,003.04		
American Trust Co.	6,613.64		
U. S. Government Securities	37,000.00		
Accrued Interest to December 31, 1943	180.74		
Due from Trustees of the California Medical Association	62.50		$152,979.98
LIABILITIES AND SURPLUS			
MEMBERS' CONTRIBUTION TO ENDOWMENT FUND		255.60	
TRUST ACCOUNT		50,859.92	
BENEVOLENCE ACCOUNT		5,431.20	
DUE TO INDEMNITY TRUST FUND		62.50	56,609.22
SURPLUS			96,370.76
Representing the amount by which the total Assets exceed the Liabilities as of December 31, 1943, being—			
Contributed Surplus received from California Medical Association		75,000.00	
Earned Surplus		21,370.76	
Balance, January 1, 1943	19,491.82		
Net Income, Year 1943	1,878.94		152,979.98

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)
San Francisco, California

STATEMENT OF INCOME AND EXPENDITURE COMPARATIVE FOR THE YEARS ENDED DECEMBER 31, 1943 AND DECEMBR 31, 1942

	YEAR ENDED DECEMBER 31, 1943	YEAR ENDED DECEMBER 31, 1942	INCREASE *Decrease*
INCOME:			
Interest on Bonds	$1,967.62	$1,546.25	$421.37
Interest on Savings Accounts	69.17	106.24	*37.07*
	$2,036.79	$1,652.49	$384.30
EXPENSE:			
Audit Fee	126.00	130.00	*4.00*
Miscellaneous	31.85	56.00	*24.15*
	$ 157.85	$ 186.00	$ *28.15*
NET INCOME	$1,878.94	$1,466.49	$412.45

REPORT OF THE EXECUTIVE SECRETARY

To the President and the House of Delegates:

Your Executive Secretary submits the following report for the calendar year 1943:

1. *General.* The Association office has been well maintained during the year, with regular duties and special orders of the Council carried out as expeditiously as possible. The office staff of four assistants has performed in an exceptionally fine manner and should be complimented on a fine spirit of coöperation. Office equipment has required careful maintenance during the year, particularly the typewriters, which cannot be replaced under existing priority regulations. Provision has been made in the budget for 1945 for the purchase of added equipment, provided such items are available by that time. During 1943 it was possible to acquire one used card filing cabinet to accommodate the ever-increasing membership records.

2. *Financial.* The Association operated profitably for the year, the auditor's figures showing a surplus of $36,987 of receipts over expenditures. This compares with a deficit of $9,529 for 1942. At the year-end the Association showed an accumulated surplus of $23,754, compared with a deficit of $13,233 at the close of 1942. Comparative figures of receipts and expenditures are printed elsewhere in this issue, under the report of the Treasurer.

California and Western Medicine was produced for the year at an out-of-pocket cost of $1,336, compared with a similar cost of $573 for 1942. This slight increase resulted entirely from an increase in printing costs, and

in advertising commissions paid out on an increased volume of advertising.

During 1943 the Association repaid to the Trustees of the California Medical Association a total of $30,195, thereby reducing the loan from the Trustees to $16,303. It is believed possible to repay this balance early in 1944.

The Trustees have invested the loan repayment from the Association in War Bonds, bringing total Government bonds in the Trustees' account to $109,000. Of this total, $72,000 is held clear and $37,000 is held in trust for the Indemnity Defense Fund.

The Indemnity Defense Fund, for which the Trustees of the C. M. A. are acting as trustees, now shows $50,860 in assets, including $37,000 in Government bonds and $13,860 in cash and receivables. This fund is due to be liquidated early in 1945, at which time a maximum of about $4,000 is due to be paid to members of the fund. The balance of these assets, after payments to members, will revert to the Trustees of the C. M. A.

For 1944, financial prospects are bright. Membership dues are running somewhat ahead of estimates, and expenses are being kept within budgeted levels. The Journal should be produced, on the basis of current estimates, at a total figure within anticipated revenues.

3. *California and Western Medicine.* As noted above, your Journal showed a slightly higher out-of-pocket cost for 1943 than for 1942. For this year it is necessary to reduce the number of pages printed, in order to comply with federal paper conservation orders. It is contemplated that a standard issue of 88 pages will be printed, with necessary additions for pre-convention and convention report numbers. The decrease in size will probably just about offset the increase in printing prices brought about by war conditions.

Starting with the April, 1944, issue, the Journal will again be printed in Los Angeles. Experience has shown, since the printing was returned from Los Angeles to San Francisco in July, 1943, that we can expect a comparable quality, better service and a lower cost by printing in Los Angeles.

Advertising revenues continue to increase and it is hoped that a large part of our increased business may be retained after the war ceases and our advertisers no longer feel compelled to promote their products in print rather than pay higher income taxes. We have tried to accommodate all legitimate advertising space requests, on the theory that the friends we make by taking care of these requirements today will continue to be our friends and customers in later years. If only a part of this hope may be realized, it is apparent that the Journal may be a comfortable source of income in normal times and may, at the same time, continue to serve the members of the Association.

4. *Annual Session.* There were no technical exhibits at the 1943 Annual Session and none are planned for 1944. This means that there is no revenue from that source and that the Annual Session is a direct cost to the Association. Every effort will be made to keep this cost to a minimum, consistent with the standards of the Association.

5. *Procurement and Assignment Service.* During 1943 your Executive Secretary has devoted a fair portion of his time to assisting in the functions of the Procurement and Assignment Service office in San Francisco. In accordance with the expressed wishes of the Council, this work naturally acts for the benefit of the profession and thus for the benefit of the Association. These efforts will be continued at the direction of the Council.

6. *Public Relations.* In his report for 1942 your Executive Secretary stressed the necessity of maintaining cordial public relations, particularly during the absence of almost one-third of the Association members in military service. The Council has recently received the findings of a public relations survey conducted by an outstanding professional concern and is now acting to put into action some of the recommendations of that report. Members of the Association will be able to coöperate in this effort by keeping themselves informed of Council actions and decisions in this regard and by taking their own part in group activities scheduled by the Council.

In another field, California has taken the lead in assuring the establishment of a Washington information bureau to serve as a two-way nerve center for medicine. The United Public Health League was proposed in a meeting of Western State Medical Association representatives in Salt Lake City on December 11, 1943, and was made a reality at a second meeting on January 29, 1944. It is planned to open an office in Washington, D. C., early this year under the temporary charge of Mr. Ben H. Read, executive secretary of the Public Health League of California. This office will act to keep Congressmen and Government officials informed on public health matters and on the attitude of medical practitioners on various proposals and, at the same time, will keep physicians informed on various legislative and bureau programs in Washington. Agitation for such an office has grown throughout the country in the last year or two, and it is apparent that the opening of this office will serve a long-felt need. Your Executive Secretary has been named executive secretary of the United Public Health League and will do his best to keep this movement a force for the betterment of the profession and of professional standards.

7. *Conclusion.* Acknowledgment is hereby gladly given for the invaluable assistance of the President, the Chairman of the Council, the members of the Council and the officers of the county societies. Without this assistance the Executive Secretary would find his position impossible to fill, and it is a pleasure to acknowledge the help given by so many members and officers of the Association.

Respectfully submitted,

JOHN HUNTON, *Executive Secretary.*

REPORT OF THE EDITOR

To the President and the House of Delegates:

CALIFORNIA AND WESTERN MEDICINE, as the official publication of organized medicine in California, last year printed material as listed in the following summary:

Editorials	51
Editorial Comment Articles	22
Scientific and General (Original) Articles	92
Case Report Articles	7
Major State Association Committee Reports	129
Major Miscellany Departments	54

Toward the close of last year, publishers throughout the United States were informed the Government would demand a reduction of at least ten per cent in size of all publications; in order, through paper conservation, to promote the war effort. As a consequence, the 96 pages heretofore authorized as the ceiling size of C. and W. M. by the House of Delegates and the Council, and divided on the average between 48 pages for text and 48 for advertising matter, will be cut down to make now an 86-page publication.

Because in one sense C. and W. M. serves, primarily as the bulletin of organized medicine in California; and since, under present conditions, departments such as those of war effort, legislative and health education must receive emphasis, in order to acquaint C.M.A. members with current trends in these important relationships—it follows that the amount of space for original or scientific articles will be limited.

Through by-law provision (Chapter VII, Sections 4 and 5), it is decreed that all addresses and papers presented at annual sessions of the Association shall automatically become its property,—for possible use in C. and W. M., unless permission is granted by the constituted authorities to publish elsewhere. When the OFFICIAL JOURNAL came into existence in November, 1902,—at a time when the total membership was 1,073,—it was possible to print nearly all annual session papers. In recent years, however, the number of manuscripts received at annual sessions and from component county societies is far in excess of the space now available for such printing. It is important that members keep these facts in mind, since the Editorial Board, which through Council action decides what papers shall be accepted, must abide by the ceiling number of pages stipulated by the Council and the Government. The Editorial Board cannot change the rules under which it functions.

Several years ago, the size of CALIFORNIA AND WESTERN MEDICINE was larger than at present, and its production costs were correspondingly greater. To cut down on the costs,—and if possible, make C. and W. M. self-supporting from its advertising income,—the House of Delegates and Council set the ceiling number of pages at 96, this being now, still further reduced by Government directive. However, even though the size of CALIFORNIA AND WESTERN MEDICINE is thus curtailed, no hardship should result to physicians through lack of available reading matter as regards scientific topics, since the *J.A.M.A.* and the many specialty journals published by the American Medical Association and other organizations, supply an ample sufficiency of such articles.

Contributors to CALIFORNIA AND WESTERN MEDICINE must keep in mind that the OFFICIAL JOURNAL of the California Medical Association came not into existence nor is it intended to be a publication, primarily for the exposition of scientific articles, but rather, the expression of Organized Medicine in the State of California.

The great majority of members of the California Medical Association find it impossible to attend the annual sessions. However they, in like proportion as their more fortunate fellows, pay the same amount of annual dues, and are as fully entitled to their fair representation in the official publication, of which they also are part owners. Their OFFICIAL JOURNAL should portray to them, the transactions of the Association to which they pay their dues.

For reasons such as these, the pages of CALIFORNIA AND WESTERN MEDICINE cannot be limited to one geographical locality, nor dedicated to the wishes or aspirations of any one group of members, no matter how laudable or scientific their presentations.

Because, during the last year, some unfortunate experiences have been had, through misunderstanding of these basic rules, these statements are here made. The unhappy complications which have arisen, might have been altogether avoided, if the procedures in the Council's and Editorial Board's brochure on "Suggestions to Authors" and the correspondence in connection therewith, had been observed.

The Editorial Board and Editor again express their thanks to all who have submitted articles for consideration, and express the hope for continued coöperation, even though it may not always be possible to find space for all papers submitted. Appreciation is also expressed to Dr. W. H. Manwaring of Stanford, for his continued interest and aid in supplying articles for the Editorial Comment Department.

Respectfully submitted,

GEORGE H. KRESS, *Editor.*

REPORT OF LEGAL DEPARTMENT

To the President and the House of Delegates:

We present herewith, in condensed form, the report of this department for the year.

Fee Schedule in Compensation Cases.—The application of the Association for a new fee schedule was filed October 19, 1942. This application was subsequently revised and the revised proposed schedule was filed January 5, 1943, with the approval of Dr. R. W. Harbaugh, the Medical Director of the Commission.

On February 15, 1943, a public hearing was held. At this hearing it was stated, on behalf of the Association, that the present fee schedule in force since June 1, 1920, lists only 87 procedures and operations as against 543 set forth in the proposed schedule; that the existing fee schedule, in effect now for over 23 years, is inadequate and unfair to the injured employee as well as to his attending physician; that in the intervening years compensation benefits have been increased; medical practice has made great advances; that the cost of a doctor's instruments and appliances, his rent, his assistants and secretarial help, and even of his education has greatly increased; that during this interval there has been a great increase in the number of people employed, with substantial increases in wages and decreases in the rates of compensation insurance.

After taking the application under advisement, the Commission subsequently deferred action pending the possible enactment of legislation affecting the matter. A bill sponsored by labor representatives prohibiting rebates of physicians' fees under the act was amended at the suggestion of the Association's counsel to give the Commission far greater authority, and particularly to pass upon and approve agreements by insurance carriers and employers for the furnishing of medical service before such agreements could become effective. At the Association's instance, a new bill to the same effect was introduced in the Senate. Both bills encountered strong opposition from insurance companies, and, finally, labor notified the Association's representatives that it could not support these bills at that session.

In May last, in a letter to Dr. Gilman, Chairman of the Council, the chairman of the Commission stated: "If you could, as chairman of the Council of the California Medical Association, undertake some fundamental and long-range program whereby uniform rates of medical fees are demanded and adhered to by the medical profession, with the necessary machinery for disciplinary action for infraction, etc., I feel that progress could be made and our objections (to granting the application) may be largely overcome."

In response to this, the membership of the Association was canvassed by mail and between 75 per cent and 80 per cent of the members, as well as nonmember practicing physicians, signed pledge cards agreeing to adhere to the fee schedule as fixed by the Commission and to the ethics prescribed for this practice. This canvass took some months, and it was not until about the end of December that Chairman Gilman was able to notify the Commission that Mr. Scharrenberg's suggestions had been carried out.

Correspondence since this time with the Commission has concerned itself primarily with the Commission's position that the adoption of the fee schedule would have an injurious effect upon the State Fund. The Association's position is that no such result need be feared; that the well-being of the injured workman is the first consideration; that such well-being will be attained by paying fair and adequate fees, and that insurance carriers and employers as a whole will comply with the orders of the Commission. The present management of the State Fund has been entirely opposed to the medical profession.

Its viewpoint seems to be that the State Fund is an insurance carrier, and that its popularity must be maintained by returning to its assured, large portions of their premiums. There will unquestionably be developments in this matter before the annual meeting.

Legislation.—As reported last year, this department analyzed and rendered opinions on all bills introduced in the last Legislature affecting physicians, medical practice and the public health. Subsequent to the adjournment of the last session, a number of specific bills required our attention and even appearances at Sacramento. We have also, on request, made a careful analysis of the federal Wagner bill.

Wartime Legal Problems.—Wage and Hour Law:—We were requested to examine the Wage and Hour Law and render opinions in connection with its operation. The Office of Price Administration also raised a problem in connection with the rationing of foods in cases of patients on restricted diets. Forms were worked out for the board in San Francisco, which have been used satisfactorily. Our attendance and advice were requested at meetings of the Procurement and Coördinating Committee regarding use of beds in county hospitals, and in connection with other problems regarding medical service for shipyard employees, etc.

County Societies.—Considerable correspondence and several conferences were held with members of the Riverside County Medical Society in connection with the county hospital there, where a difficult question was presented. We also rendered an opinion regarding a situation created at the Kaiser Fontana Plant.

Opinions were rendered to members in Visalia in connection with the operation of the Visalia Community Hospital.

Among others, an important opinion was rendered to the Los Angeles County Medical Society in connection with the publication of certain proceedings of the board of directors, trustees and a committee in relation to mutual diagnostic laboratories.

Several societies faced the question of temporary membership, on which we were consulted.

For the Placer-Sierra-Nevada County Society we drafted resolutions and other papers for the adoption of its new constitution and by-laws.

United Public Health League.—One of the most interesting pieces of work done this year was the attendance at two conferences at Salt Lake City, held by representatives of six western states, and the drafting of a constitution and by-laws for the United Public Health League and other papers and opinions in connection with the organization of this new body for the establishment of a public information bureau at Washington, D. C.

Opinions.—The general number of opinions have been prepared and issued, and we have, as usual, attended meetings of the Council, and various committee meetings and conferences throughout the year.

Respectfully submitted,

HARTLEY F. PEART, *General Counsel.*

REPORTS OF DISTRICT COUNCILORS

FIRST COUNCILOR DISTRICT

Imperial, Orange, Riverside, San Bernardino, and San Diego Counties

To the President and the House of Delegates:

Medical affairs of the First District have not been so quiet this year as in previous years. There have been so many national requirements of our profession with which they have not been in sympathy, and which do not conform with the practice of medicine, that much confusion has come into being in the medical profession.

Many of the medical men are away, leaving the older men at home to carry on the increased amount of work. All the societies have been visited and the same situation exists in all parts of the district. Too much work to do and too few men available to do it. The men at home have a dual responsibility of doing work at home and carrying on for the men who will return to their work when there is a cessation of warfare. So far as the men at home are concerned, it would make little difference to them. They would much rather not have the responsibility at this time; however, one must carry on now for the men who are in the battle fronts and will return to their homes and practice.

At this time there seems to be no relief for the men on the home front with the Murray-Wagner Bill threatening us, and all labor unions and administrative forces favoring its passage. It would look as though we were facing defeat and that the practice of medicine in the not too distant future would be unlike it has been in the past. The days of the family physician are numbered, as seen by present conditions.

It must be the thought of the men of the First District to carry on as long as it is needed. If this change in medicine is going to come, let's do what we can to keep it out of federal control, and retain it under the direction and control of the medical profession.

Respectfully submitted,

Calvert L. Emmons, *Councilor, First District.*

SECOND COUNCILOR DISTRICT

Los Angeles County

To the President and the House of Delegates:

The activity of your Councilor from the Second District has been mainly in connection with the activities of the Council as a whole. Your Councilor served as chairman of the Committee on the Industrial Fee Schedule during the previous year, and this matter of fee schedule has since been taken over by a different committee, headed by our Councilor, Mr. Hartley Peart. The matter is still under advisement, and is progressing slowly, inasmuch as this is something which requires considerable coöperation between the Industrial Accident Commission, our own members, and the insurance carriers throughout the State. We feel that this is a very worthy work, and is ably being carried on by Mr. Peart and his fellow committeemen at this time.

Your Councilor has made several visits to subsidiary medical groups in the County of Los Angeles, and delivered several addresses on public relations activities of our organized medicine as related to those of similar nature of the American Medical Association. There have been many informal meetings, as well as set talks, and also correspondence with the Council on Industrial Health of the A.M.A.

I believe the past year has been one in which an enormous backlog of ground work has been laid for future public relations of the Medical Association, both in coöperation with the American Medical Association and as an independent group of our own. The details of this work will be reported by the chairman of the Council in his annual report. We hope that the work will continue throughout the next year, and the following years, and will blossom into something which will mean a great deal both to the present and the future of all organized medicine, and for the health of the Union.

Respectfully submitted,

Donald Cass, *Councilor, Second District.*

THIRD COUNCILOR DISTRICT

Kern, San Luis Obispo, Santa Barbara, Ventura, and Inyo-Mono Counties

To the President and the House of Delegates:

The component societies of the Third Councilor District are all active and well organized, and things seem to be running very smoothly. Each society has been visited, except one in the outlying section of the District. Membership of all societies has been sharply reduced, but the necessary work is being handled by the physicians that remain. While it might be considered that there is a shortage of physicians, there is no acute distress from lack of medical care.

Respectfully submitted,
H. E. Henderson, *Councilor,*
Third District.

FOURTH COUNCILOR DISTRICT

Fresno, Madera, Kings, Tulare, Merced, Mariposa, Calaveras, San Joaquin, Tuolumne, and Stanislaus Counties

To the President and the House of Delegates:

Some difficulty has been found in securing speakers for the scientific programs of County Society Meetings, and it is suggested that an effort be made to combine hospital staff meetings and programs with society activities, and have papers and case reports from local members. The medical officers in the District have supplied some programs. The membership is urged to watch political developments, especially in regard to the threat of Federal Socialized Medicine, and coöperate whenever possible with the legislative and public relations activities of the C.M.A. Wholehearted support for C.P.S. and Hospital Service Groups is required, as it appears to be our most potent defense against regimented medical practice.

Our members are too busy to give the time and thought needed to problems affecting our future welfare; but we owe some effort to preserve the private practice of medicine for the many younger members in the armed forces and generations of practitioners to follow us. Let us get together on this one big issue and fight for our rights.

Respectfully submitted,
A. E. Anderson, *Councilor,*
Fourth District.

FIFTH COUNCILOR DISTRICT

Monterey, San Benito, San Mateo, Santa Cruz, and Santa Clara Counties

To the President and the House of Delegates:

It has been impossible this year, due to prevailing circumstances, to very closely service the counties of this District, but I have attempted to keep in touch with the problems to give them any assistance that I could.

The plans which are formulating in the Council are just crystalizing and that information will be given to the component counties of the Fifth District.

Respectfully submitted,
R. S. Kneeshaw, *Councilor,*
Fifth District.

SIXTH COUNCILOR DISTRICT

San Francisco County

To the President and the House of Delegates:

During the past year, the San Francisco County Medical Society has been called upon to adjust itself to increased demands for medical service in the face of diminishing membership. Numerous other problems arising out of the War have been met in satisfactory manner.

The scientific activities of the Society have been curtailed, and a greater amount of time devoted to consideration of economic factors having a bearing on the future of medicine, problems caused by increase in population, the relationship of Civilian Defense to the Red Cross and the problem presented by increased demands for hospitalization and nursing.

The Irwin Memorial Blood Bank has continued to render its excellent service to the community and the surrounding area.

Respectfully submitted,
John W. Cline, *Councilor,*
Sixth District.

SEVENTH COUNCILOR DISTRICT

Alameda and Contra Costa Counties

To the President and the House of Delegates:

During the past year your Councilor of the Seventh District has been confronted with many problems relating to medical and hospital care due to:

(a) Sudden increase of population because of shipyard activities.

The increased population of the entire San Francisco Bay area has been about 24 per cent. The largest increases have been in the cities of Alameda and Richmond.

(b) Shortage of doctors.

Many doctors have gone into the Military Service, which in normal times, without increased population, would have made medical service inadequate to the general public. Doctors who are not eligible for military service have been brought into various communities in this District, which has only partially solved the situation. C.P.S. has employed doctors on salaries, which has solved the problem in some cases, but not in others. The Kaiser Shipyards in Richmond have their own Emergency Hospital and First Aid Stations employing salaried physicians.

(c) Shortage of hospital beds.

There are plenty of beds available for indigents in the Alameda County Hospital but, notwithstanding, contrary to reports, there is a shortage of private hospital beds.

A little over one year ago several hospitals in the East Bay Area, which are in the business of supplying beds to the public, were denied priorities for additions of a temporary nature, while Permanente Hospital in Oakland was granted priorities (the first part of the year) to build *a permanent addition* with taxpayers money.

All classes of people should have adequate medical and hospital service; that is why so many people favor some kind of socialized medicine. I sincerely hope that the committee working on the Mannix recommendations will find an early solution to the most urgent problem ever confronting the medical profession.

Respectfully submitted,
Lloyd E. Kindall, *Councilor,*
Seventh District.

EIGHTH COUNCILOR DISTRICT

Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo, and Yuba Counties

To the President and the House of Delegates:

During the past year the annual visit of officials of the C.M.A. to the various county medical societies has been omitted, due to transportation restrictions and other wartime curtailments. Unfortunately, also, county medical society programs have been difficult to arrange, and meetings have been poorly attended because of overwork on the part of the physicians and the excessive distance necessary to travel in order to attend meetings in this District. Physicians in military service have arranged many interesting and scientific programs for county medical societies during the past year.

Close contact has been maintained between county medical societies and the various army camps located nearby, to the mutual advantage of both military and civilian physicians.

The physicians in this district, in spite of their greatly increased duties, have remained alert to the numerous attempts by outside influences to change the present methods of medical practice. A continuation of this attitude is essential in order to maintain medical standards, and to prevent the encroachment of bureaucratic control.

Respectfully submitted,
Frank A. MacDonald, *Councilor, Eighth District.*

NINTH COUNCILOR DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma, and Trinity Counties

To the President and the House of Delegates:

An ever-increasing stream of patients has kept your Councilor so busy that time has not allowed visits to all the County Societies in the District. However, reports of the activities of the Council of the California Medical Association have been mailed from my office to Mendocino-Lake, Siskiyou and Humboldt County Societies.

It has been my pleasure to be present in person at meetings of Solano, Napa, Marin and Sonoma Counties more than once during 1943. These Counties are nearby. In Solano County every effort has been made to further the usefulness of California Physicians' Service in the Housing Units, and it can now be authoritatively stated that California Physicians' Service is successful here, and a unit value of $2.50 has been maintained for October, November, December, 1943 and January, 1944.

It has been a privilege, and most educational for me, to have been able to attend most of the Council meetings, and I have made every effort to make the information received available to all members of the California Medical Association in my District. I am proud of the present success of California Physicians' Service in Solano County.

Respectfully submitted,
John W. Green, *Councilor, Ninth District.*

REPORTS OF COUNCILORS-AT-LARGE

To the President and the House of Delegates:

As a Councilor-at-Large of the California Medical Association, I have attended all of the Council meetings save one to date.

During the past year many things of importance have transpired, and as your Councilor-at-Large I have tried to take an active and constructive part in the discussion of the problems as they have arisen.

The work of the Council this year has been heavy and of necessity has taken much time, but I believe that the work done and accomplished will make itself shown in the future conduct of the California Medical Association and associated groups, and likewise, I believe, will receive the approbation of many of our confreres who are in the Armed Services.

Respectfully submitted,
Edwin L. Bruck, *Councilor-at-Large.*

To the President and the House of Delegates:

It has been my privilege to attend all of the Council meetings in the past year, and to keep the members in my locality informed of the problems facing the Association and its membership. To me, the past year has brought many interesting developments, and, with the steps that have been taken, it is to be hoped that gratifying accomplishment will follow.

Respectfully submitted,
Edward B. Dewey, *Councilor-at-Large.*

To the President and the House of Delegates:

As one of the six Councilors-at-Large, I have attended every meeting of the Council in the past year, and have carried out my assignment as Chairman of the Council and a member of various committees appointed by the Council. Although on active duty with United States Navy, I have continued to be stationed in San Francisco, where I have been able to attend to my obligations as a Councilor, a situation which has been made possible by the generosity of my superior officers.

Respectfully submitted,
P. K. Gilman, *Councilor-at-Large.*

To the President and the House of Delegates:

As one of your Councilors-at-Large, I have attended all regular and special meetings of the Council during the year; have visited the majority of the component societies in the First District; and have endeavored to promote coöperation among the organized groups of the District.

Respectfully submitted,
S. J. McClendon, *Councilor-at-Large.*

To the President and the House of Delegates:

During the last year I have attended all the meetings of the Council, except one, when illness prevented. Orientation of the profession to the changing perspective of the practice of medicine has been the major problem of the year. The bogey of some federal scheme of medical practice is an ever-present danger. I believe every member of the Council is keenly alert to this danger and is fulfilling his obligation to the profession by his diligence.

Respectfully submitted,
E. Earl Moody, *Councilor-at-Large.*

To the President and the House of Delegates:

During the past year, in my function as Councilor-at-Large, I have endeavored at all times to consider most carefully the many important problems that have presented themselves for decision, and to arrive at a solution that would be for the best interests of the medical profession as a whole.

I have kept my own San Joaquin County Society fully informed as to the problems of organized medicine and legislative activities, and have, as well, reported on the progress and scope of the California Physicians' Service.

It has been a pleasure to coöperate with the secretary-editor, Dr. George H. Kress, and the executive secretary, Mr. John Hunton, and the members of the Council in their sincere endeavor to wisely solve the many problems before us.

Respectfully submitted,
Dewey R. Powell, *Councilor-at-Large.*

Regarding Reservations

Members are reminded to make all reservations promptly.

This advice applies to the following:

(a) Rail or Air Way Transportation Reservations.
(b) Hotel Reservations.
(c) Reservations for "Dinner to the President."

REPORTS OF SPECIAL AND STANDING COMMITTEES

EXECUTIVE COMMITTEE

Executive Group

John W. Cline, Chairman
Karl L. Schaupp, President
Lowell S. Goin, President-Elect
E. Vincent Askey, Speaker, House of Delegates
Philip K. Gilman, Chairman of the Council
John W. Cline, Chairman, Auditing Committee
William R. Molony, Sr., Past-President
George H. Kress, Secretary-Treasurer and Editor

To the President and the House of Delegates:

The Executive Committee has met in part or in whole a number of times during the past year. In the intervals between Council meetings, it has transacted important business for the Council. When only a portion of the membership was present, the remaining members have been informed of actions by mail and their opinions and votes solicited.

All acts of the Executive Committee have been reviewed by the Council, and these actions and their approval have been published in the minutes of the Council.

Respectfully submitted,

John W. Cline, *Chairman.*

AUDITING COMMITTEE

Executive Group

John W. Cline, Chairman, 1944
Edwin L. Bruck, 1944 Lloyd E. Kindall, 1944

To the President and the House of Delegates:

The Auditing Committee has performed the functions laid down in the by-laws. The professional audit of the Association books showed them to have been accurately kept, and the Committee has submitted its recommendations for the 1945 budget.

Respectfully submitted,

John W. Cline, *Chariman.*

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Executive Group

Dwight H. Murray, Chairman, 1944
Anthony B. Diepenbrock, 1945 Edmund T. Remmen, 1946
Karl L. Schaupp, ex officio Lowell S. Goin, ex officio

To the President and the House of Delegates:

The Committee on Public Policy and Legislation holds no formal meetings, but functions practically every day in the year. It maintains a constant contact with the Public Health League of California, which attends to actual legislative matters, with our advice, assistance and instructions. Mr. Ben H. Read, executive secretary of the Public Health League of California, has, as usual, handled our affairs in a most creditable fashion.

The 1943 legislative session at Sacramento saw the usual number and variety of bills introduced with some bearing on public health or the practice of medicine. Of 3,397 bills introduced in the session, 334 had some public health implications. Your committee introduced no bills of its own, but acted in favor of some measures and in opposition to others. While not all of the bills we favored were actually passed, it is comforting to report that every one of the twenty-seven bills we opposed was defeated. Thus, while we did not gain all that we favored, we saw twenty-four out of thirty-nine favorable bills adopted, while another eight were lost and seven were dropped by the original sponsors. This record is in keeping with past reports and represents the respect in which our Sacramento contacts are held.

As to The United Public Health League, the organization was formed out of two meetings held in Salt Lake City, Utah, on December 11, 1943, and January 29, 1944. Representatives from the eleven Western State Medical Associations were invited to these meetings, and six states were represented by officers or legislative chairmen at each meeting. Out of these conferences there has been formed The United Public Health League, the avowed purpose of which is to establish in Washington, D. C., an information bureau with the two-way function of gathering and disseminating information of importance both to government officials and to medicine. This bureau is to function for the benefit of the state medical associations and other groups which maintain membership in the League. Under the terms of the Statement of Principles adopted by the founders, the League is not to oppose any known policies of the American Medical Association and is not to act counter to the interests of the A.M.A. Its one function is to supplement the activities of the national organization in legislative matters, leaving the scientific and educational activities of the A.M.A. in its capable hands.

Your chairman has been honored by election as chairman of The United Public Health League. He has further been honored to have been included in the list of speakers at the February 13, 1944, meeting of the National Conference on Medical Service in Chicago, where he told the assembled delegates about The United Public Health League. The National Conference commended the League, but voted that the A.M.A. should properly carry out the objectives the League had proposed. Since that time the Council on Medical Service and Public Relations of the A.M.A. has voted to establish a Washington office and the A.M.A. Board of Trustees has approved this move. The United Public Health League is awaiting with interest the developments by the Council on Medical Service and Public Relations, and is hopeful that this newly-adopted program may be beneficial to the physicians of California and all other States.

Respectfully submitted,

Dwight H. Murray, *Chairman.*

REPORT OF COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Executive Group

John V. Barrow, Chairman, 1946
Edwin L. Bruck, 1944 Clarence E. Rees, 1945

To the President and the House of Delegates:

The opportunity to assist Associated Societies and Technical Groups during the past year has been about as usual. Each member has used his individual time and attention to aid the Nurses Association, the Hospital Association and the Hospital Committees from our respective county medical groups. The Physicians' Aid Association has received a great deal of our attention. Each county has been made more conscious of the present need and the possible future need from unfortunate members of the Association all over the State. The county probably in greatest need has been that of Los Angeles. It has been our greatest pleasure to see an enormous impetus toward permanent care for this group of our fellow practitioners and their individual families. The

State Association has been faithful to its charge in extending its help, and it is with pride that we can assure the Association of the fine work and spirit of each individual, and each committee in handling this Physicians' Aid. The full report of this work will be interesting knowledge to the Association and its officers when the latter make their full report to the Council.

Each one of the Committee has been called upon to assist in every way possible in the hospital situation, as it has been involved with federal insurance and individual propositions for more hospital beds.

We have acted to our best ability on the Advisory Committee on the State Nurses Association, and have tried to direct our opinions in harmony with policies of the Council and House of Delegates. We believe the coming year will see great activity in the education of technical workers. We believe there will be much need for solid advice to the Nurses Associations and to hospital staffs.

The Committee is anxious to carry out any further work entrusted to it by the Council.

Respectfully submitted,

John V. Barrow, *Chairman.*

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Executive Group

John C. Ruddock, Chairman, 1944
C. M. Burchfield, 1945 J. C. Geiger, 1946

To the President and the House of Delegates:

The members of the Committee on Health and Public Instruction have held no regular formal meetings during the past year.

Your chairman is on active duty in the U. S. Navy and is assigned to duty with the Naval Officer Procurement program in the 11th Naval District. He has been and is closely associated with the Procurement and Assignment Service in the obtaining of physicians for military duty. The need for physicians in the military service at this time is urgent. Approximately some 700 physicians, between the ages of 18-38, in this State have been deferred because of industrial positions. The need of the armed forces for physicians is paramount. and it is the opinion of the Chairman of the Committee that organized medicine should recognize the needs of filling the quota from California with doctors within the military age group. The failure to meet this challenge by organized medicine could result in the complete regimentation of the practice of medicine. It is recommended that the House of Delegates enact such legislation or pass such measures that will assist the Procurement and Assignment Chairman of the State of California in releasing young doctors of military age from a so-called "essential position," that he may be made available to the armed forces. There should be no place in organized medicine for a young doctor who avoids military service because of lack of patriotism or greed.

Two matters of importance have been reported to the Chairman of the Committee by the Secretary of the California Medical Association during the year 1943:

Special Tuberculosis Committee: At the request of the American College of Chest Surgeons, a special subcommittee on tuberculosis has been appointed. This committee is as follows: Robert A. Peers, Chairman, Colfax; Harry Warren, California Sanitorium, Belmont; E. W. Hayes, 129 N. Canyon Drive, Monrovia; F. M. Pottenger, Sr., 1930 Wilshire Blvd., Los Angeles; Steven A. Parowski, 2529 Fourth Avenue, San Diego.

The work of this committee will be in conformance with the request of the American College of Chest Physicians. Their report, when submitted, will be given out through the Secretary of the American College of Medicine.

Liaison with the California State Bar Association With Regard to Solving the Problem of Prostitution and Delinquency as It Affects the Venereal Disease Control Program as Outlined by the Surgeon-General of the U. S. Public Health Service:

Your Chairman has met with Mr. Michael P. Shannon, chairman of the Southern California Section of the California State Bar Association, of the Committee to Investigate the Administration of Criminal Justice. This matter was referred to this committee by the Board of Governors of the State Bar Association.

A communication on January 8, 1943, from the Surgeon-General to the Secretary of the California Medical Association, suggested that a meeting should be held in order to formulate suggestions and recommendations for a coördinated effort of venereal disease control by the Medical Profession and the State Bar Association. Your Chairman was selected by the Council of the California Medical Association for this meeting. All matters pertaining to venereal disease control were thoroughly discussed and the following agreements were made:

The Chairman, Mr. Michael F. Shannon, agrees to make the following recommendations to the California State Bar Association:

1. That the California State Bar Association recognizes the problem of venereal disease control in the State of California as regards the civilian and military personnel, and further recognizes the fact that the source of venereal disease is in the civilian population.

2. That a close liaison be maintained by the local bar association and lawyers and the public health enforcement agencies.

3. That the California State Bar Association invite the California State Medical Association to submit any recommendations for change in the present statutes or any legislation for review, in order that a coördinated. coöperative movement may be instigated for accompanying such changes.

4. That, the California State Bar Association will review, after receiving such problems, the various statutes as pertained to venereal disease control towards affecting such changes as will solve the prostitution and delinquency problems affecting this program. It is suggested that the Council of the California Medical Association instigate, through the office of the Secretary, such recommendations as would enable the completion of such a liaison between the California Medical Association and the California Bar Association.

Respectfully submitted,

John C. Ruddock, *Chairman.*

COMMITTEE ON HISTORY AND OBITUARIES

Executive Group

Morton R. Gibbons, Sr., Chairman, 1944
Robert A. Peers, 1945 Hyman Miller, 1946
George H. Kress, ex officio

To the President and the House of Delegates:

The second full year of war found an ever-increasing call upon members of the medical profession for service in the armed forces, on land and sea, in far countries and home ports.

Medical School graduates go almost automatically, and immediately, into the service of Army or Navy, without opportunity of becoming established as members of County Medical Societies or the State Association. They nevertheless must not be overlooked when the time comes

to prepare a history of the service of the profession in this war. The Committee on History and Obituaries must rely upon County Medical Societies to collect data on the personal experiences of these young physicians who hold residence in their counties, as well as similar material anent the services of members.

Our Committee looks to the historians of County Societies to produce a file of correspondence, clippings, and reports of personal experiences; in short, all information which will be of value to the California Medical Association in preparing an adequate compilation and history of the service of the medical profession during these critical years—service on the home front as well as in the armed forces.

A list of the members who have died during the past year is appended. California and Western Medicine has published suitable obituaries in commemoration of many of these.

Respectfully submitted,

Morton R. Gibbons, Sr., *Chairman.*

In Memoriam

Alameda County

George Cecil Browne (January 20, 1943)
Oliver Deveta Hamlin (October 11, 1943)
Frank Roscoe Makinson (April 18, 1943)
Gurdon Potter (December 2, 1943)
Willlam Fletcher Priestley (May 29, 1943)
John Mllton Ward (October 30, 1943)

Butte-Glenn County

Thomas Hartwell Brown (May 17, 1943)

Contra Costa County

Ursa S. Abbott (November 23, 1943)

Fresno County

Carleton Mathewson (March 1, 1943)

Los Angeles County

Edwin Abraham Beard (January 4, 1943)
John Ira Boyer (February 21, 1943)
Caesar George Cahen (April 29, 1943)
Jay Henry Caldwell (February 27, 1943)
Robert Lide Carroll (June 7, 1943)
Albert Harlan Currie (Aprll 19, 1943)
George Deacon (May 24, 1943)
Ernest William Fleming (March 7, 1943)
John Rollin French (September 28, 1943)
Leonard Harry Green (September 26, 1943)
Maurice William Gumpert (February 24, 1943)
Frank Ignatius Horn (May 6, 1943)
Verne Carlton Hunt (December 12, 1943)
J. Leon Jones (January 4, 1943)
Vincent J. Keating (July 31, 1943)
Cleve Edwin Kindall (December 12, 1943)
George Buchanan Kryder (November 18, 1943)
Harry Lloyd McCarthy (July 25, 1943)
Edward Austin McManus (June 9, 1943)
Joseph Edward Miller (September 13, 1943)
David Hubbell More (November 4, 1943)
Lewis Burrows Morton (October 19, 1943)
Aloysius E. O'Flaherty (October 7, 1943)
Francis John Pursell (September 16, 1943)
Hyman Rapaport (June 16, 1943)
Harlan Shoemaker (December 11, 1943)
Alonzo De Molnes Snyder (February 16, 1943)
Francis Whlte Steddam (November 17, 1943)
Willard John Stone (October 30, 1943)
Arthur Peter Thompson (November 10, 1943)
Clifford Black Walker (July 3, 1943)
Avrum Herman Zeiler (July 16, 1943)

Monterey County

Jonas Clark (December 31, 1943)

Napa County

Irvlng Eugene Charlesworth (February 28, 1943)

Orange County

Albert Emery Chase (September 15, 1943)
Dorsey Alford Harwood (July 17, 1943)
Arthur Colby Robbins (April 21, 1943)

Riverside County

William H. Chapman (August 19, 1943)
John C. King (October 21, 1943)

Sacramento County

Wilfred Francis Lowe (September 11, 1943)
Aaron Joshua Rosanoff (January 7, 1943)

San Bernardino County

Marcus Philip Hambleton (March 16, 1943)
Albert Daniel Neubert (October 29, 1943)
Samuel Benjamin Pond (July 20, 1943)
Edward Henry Risley (February 7, 1943)

San Diego County

Clarence Pennell Baxter (April 27, 1943)
Andrew Jack Hoefer (December 3, 1943)
Edgar Nelson Young (December 23, 1943)
John Henry Young (October 14, 1943)

San Francisco County

Allen Ashton Altman (April 11, 1943)
Asa Weston Collins (January 19, 1943)
Attilio H. Giannini (February 7, 1943)
Fred Herman Kruse (January 14, 1943)
Howard Hill Markel (February 13, 1943)
William Quinn (May 25, 1943)
Sergius S. Rakitin (September 4, 1943)
Charles Albert Rethers (May 26, 1943)
Glanville Yeisley Rusk (November 22, 1943)
Margaret Schulze (February 7, 1943)
David Emmet Stafford (September 25, 1943)
George Lawrence Wolf (August 21, 1943)
Julian Mast Wolfsohn (July 1, 1943)
Montague Sidney Woolf (April 20, 1943)

San Joaquin County

Elmer David Augspurger (June 25, 1943)
Robert Ambrose Buchanan (October 25, 1943)
Charles D. Holliger (December 13, 1943)
Henry Christian Petersen (May 17, 1943)

San Luis Obispo County

Ira Bennett Bartle (November 7, 1943)

San Mateo County

Frank Starr Gregory (August 21, 1943)
Clarence Victor Thompson (September 13, 1943)

Santa Clara County

John Irving Beattie (May 7, 1943)
Thomas Andrew Story (October 28, 1943)
Philip L. Wise (January 8, 1943)

Shasta County

Ferdinand Stabel (December 8, 1943)

Sonoma County

Stuart Zeno Peoples (November 16, 1943)

Stanislaus County

Warren Nelson Steele, Jr. (October 23, 1943)

Tulare County

Sherman Rogers (February 18, 1943)

Ventura County

Everett Charles Beach (July 8, 1943)

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Executive Group

J. Norman O'Neill, Chairman, 1945
Walter Rapaport, 1944 Benjamin W. Black, 1946

To the President and the House of Delegates:

In my last year's report I summarized the hospital situation, showing the lack of private hospital facilities. At the present time I can only reiterate that the situation throughout the State of California is more critical, and that there is now an even greater shortage of hospital beds. Mr. Arthur J. Will, Superintendent of Charities of Los Angeles County, recently made a report to the Health Committee of the Los Angeles Chamber of Commerce, in which he stated that there is at the present time a shortage of 3600 general hospital beds. He also stated that the Los Angeles County Hospital is now taking care of 400 full pay patients in the County Hospital. This report is made in spite of the fact that the campaign last year produced some additions to hospital facilities. The St. John's Hospital at Santa Monica was completed and the St. Joseph's Hospital in Burbank has just been completed. Additions have been approved for other hospitals, including the California Hospital in Los Angeles, which will add 110 beds by reconditioning the Bicknell Building. Actual construction work on this project started January 10th.

Last year I reported to you the situation with reference to the State Employment Commission's rulings concerning the State unemployment tax. This matter has now been in the courts for litigation. Several conditions favorable to hospitals have been secured in the Superior Court. One decision in the Appellate Court in the case of the Scripps Memorial Hospital was decided in favor of the Hospital against the State Employment Commission. Two of these cases are now before the Supreme Court in the State of California, and from clear cut decisions made in the lower courts, the non-profit hospitals are confident that the entire question of the interpretations of the State-Employment Commissions will be clarified.

The hospitals at the present time are having a controversy with the Regional Board of the National War Labor Board over the question of the exemption of nonprofit hospitals from jurisdiction of the National War Labor Board in the matter of increasing salaries to workers as long as those increases are not above the average in the community. The National War Labor Board has given exemption to all the hospitals in the United States, but the Regional Board has seen fit to exclude the application of this order in the States of California and Arizona. This problem is causing undue burdens and difficulties on the hospitals. One hospital, Hermosa Beach Hospital, a nonprofit institution, closed its doors because of the inability of the physician operating this institution to practice medicine and also carry out all of the details necessary in his relations with the Regional Office of the National War Labor Board.

The shortage of professional and hospital workers has made the operation of the hospitals very difficult. The shortage of nurses in the State of California stems from the fact that this State has only 40 accredited schools of nursing, while States of comparable population have 125 to 150 such schools. For instance, the City of Chicago alone has 40 nursing schools. In normal times we have depended upon an influx of nurses from the middlewest schools. Today these nurses are not arriving, and the shortage of this type of professional worker is becoming very serious within the State. Many of the hospitals are coöperating with the U. S. Public Health Service Cadet Nurse Training Corp, but because of the small number of schools in the State and the limited facilities, this expansion program is naturally slow. The hospitals in the State of California have also placed on the ballot for next November Proposition No. 4, proposing to change the Constitution of the State of California so that the legislature would have the authority to grant tax exemption to nonprofit charitable institutions. California is now the only State in the Union that taxes charities. This is an important item on the ballot and should have the consideration of the medical profession.

We, therefore, recommend to the medical profession consideration of the following items:

1. Coöperation with the hospitals in the expansion of private hospital facilities.
2. Encouragement of the expansion of existing nursing school facilities and encouraging other hospitals with good facilities to inaugurate new schools of nursing.
3. The insistence on an all-out campaign to secure votes for Proposition No. 4 on the November ballot so as to exempt charitable institutions from taxes in the State of California and thus encourage the expansion of nonprofit hospital facilities.

Respectfully submitted,

J. Norman O'Neill, *Chairman.*

COMMITTEE ON INDUSTRIAL PRACTICE

Executive Group

Donald Cass, Chairman, 1945
Wilbur J. Cox, 1944 Carl L. Hoag, 1946

To the President and the House of Delegates:

The development of public relations between industry and the medical profession has been one of the difficult problems faced by the Committee on Industrial Practice, and although no official meetings have been held, a considerable amount of correspondence has flowed between your committee and the Council on Industrial Health of the American Medical Association. We had a very profitable and exhaustive visit from Dr. Orlen Peterson, and while he was here, considerable amount of contact work was made between the Chamber of Commerce committees and the Committee on Industrial Health, as well as our own County Medical Association in Los Angeles. The work of the committee has not been extensive, but we hope, as time goes by, it will become more important, and will function more readily, especially in maintaining contact with various public health and health department agencies.

Respectfully submitted.

Donald Cass, *Chairman.*

COMMITTEE ON MEDICAL ECONOMICS

Executive Group

Glenn F. Cushman, Chairman, 1944
Edward C. Pallette, 1946 C. A. Broaddus, 1945

To the President and the House of Delegates:

Many groups are taking advantage of war time conditions to advance the proposition of socialized medicine. When so many of our medical men are away at the war front, those at home should be especially alert to the political situation in regard to such social changes. Let us consider carefully all new plans which are offered, advise law makers in a practical and intelligent way about proposed changes, and educate citizens not to throw away the proved and substantial methods of medical practice of the past. A good practical effort for every member of the C.M.A. is to support the existing Public Health League of California.

What happens to medical practice today, can be very important to the development of medical science in the future.

Respectfully submitted,
C. A. Broaddus, *for the Committee.*

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS

Executive Group

B. O. Raulston, Chairman, 1944
L. R. Chandler, 1945 William J. Kerr, 1946

To the President and the House of Delegates:

The four medical schools in California are proceeding with the accelerated program of teaching according to the requests of the military services. The number of students enrolled in the freshman classes has been increased from 15 to 20 per cent, and teaching is in progress from 44 to 48 weeks per year. A large percentage of the most active members of the medical school faculties have gone into military service, leaving a greatly increased burden upon those who are responsible for the teaching program. It is a difficult task, indeed, to hold the quality of training up to prewar levels. Since those medical students who will be in the military services have all of their expenses involved in medical training paid by the government, it offers them a better opportunity to study uninterruptedly.

The faculties of the medical schools have also been active in the war time postgraduate program. They have gone, singly and in groups, to the various military hospitals in their respective communities and have also provided clinics in the teaching hospitals of the medical schools for medical officers who can attend them.

Serious consideration is being given to the development of plans for postgraduate training to be provided for young physicians when they return from military service. Many of these men have had only nine to twelve months of interneship and will want, and must have, the opportunity to continue their training when they return from the service.

Respectfully submitted,
B. O. Raulston, *Chairman.*

COMMITTEE ON MEDICAL DEFENSE

Executive Group

Nelson J. Howard, Chairman, 1944
R. Stanley Kneeshaw, 1945 Lewis T. Bullock, 1946

To the President and the House of Delegates:

The Medical Defense Committee of the California Medical Association continues to strongly urge that each constituent County Medical Society adopt in its by-laws a recommended by-law contained in the brochure on Medical Defense issued by the California Medical Association in 1939. The importance of having every committee of the Medical Association in the State adopt these by-laws lies in the fact that insurance carriers realize and insist that before they would enter the field as a whole in the State of California, the complete coöperation and participation of the County Medical Societies and their members are necessary.

In addition, it is strongly recommended that additional by-laws adopted in 1941 by the San Francisco County Medical Society be included in the by-law revision. This by-law prohibits any physician who is a member of the San Francisco Medical Association from accepting a fee for testifying for either party in a malpractice case. "No member of this Society shall make a charge or accept compensation other than witness fees and mileage allowed by law, for any professional services rendered either party to a malpractice claim or suit in regard to the preparation or conduct of such claim or suit, providing that no physician shall be obligated by this section to participate or testify against his will in any action or proceeding."

The Committee on Medical Defense has reported to the Council of the California Medical Association as outlined in the enclosed letter. As a result of these recommendations of this Committee, a special committee has been appointed by the California Medical Association Council with powers to act for the Council in arranging for malpractice insurance for members of the Association.

To the Council, California Medical Association:

You are acquainted with previous efforts of the Committee on Medical Defense in regard to malpractice insurance. Since the last verbal report to the Council, several meetings have been held with insurance men, and on the morning of the 1st of March, 1944, I had an interview with Mr. Maynard Garrison, the California Insurance Commissioner, and the problem of the Medical Society members presented to him with this committee's proposals for the solution. I feel that the committee has gone as far forward as possible, considering the limitations of its powers, and submit and recommend that the Council of the California Medical Association appoint a special committee to act for the California Medical Association as suggested below:

(1) The members of the special committee to enter into negotiations with a suitable insurance carrier or carriers with the following objects in view:

(a) Comprehensive casualty and liability insurance.
(b) Malpractice insurance.
(c) That the insurance carrier agree to underwrite such forms of insurance for the members of the California Medical Association.

(2) Such insurance coverage to be supervised by an independent brokerage firm, acting as an overwriter, and to act as the Society's general agent for its protection and enlightenment.

(3) That the physicians' own broker or insurance agent place any comprehensive casualty and liability coverage together with malpractice insurance through the overwriter, and to share with the overwriter in the insurance premium. The amount of commission to be shared by the overwriter and broker respectively and to be worked out by the Committee and the insurance carrier and Mr. Hartley Peart.

(4) That the insurance carrier be given as assurance that the plan would continue for a certain minimum number of years.

(5) The insurance carrier in turn to agree to furnish the Medical Society with periodic and complete reports on actual costs, such as cost of investigating claims, num-

ber of claims threatened, number of suits filed, cost of demanding suits, the amount of judgments, etc.

(6) The insurance carrier should express a willingness to vary premium charges with regard to actual loss ratios after the minimum period of loss experience had accumulated.

(7) That Mr. Hartley Peart work with the Committee as the different steps are formulated on the approach to the finished plan.

Respectfully submitted,
Nelson J. Howard, *Chairman.*

COMMITEE ON PUBLICATIONS

Executive Group

George W. Walker, Chairman, 1946
Francis E. Toomey, 1945
F. Burton Jones, 1944 George H. Kress, ex-officio

To the President and the House of Delegates:

The Committee on Publications has kept in touch with the official publications of the Association through correspondence and conferences with the Association Secretary-Editor.

The war-time needs requiring conservation of paper have been observed, even though such action has brought about a reduction in size of the OFFICIAL JOURNAL.

It is gratifying to know that CALIFORNIA AND WESTERN MEDICINE, brochures, and other publications that have been printed in the past, measure up to excellent standards.

Respectfully submitted,
George W. Walker, *Chairman.*

COMMITTEE ON POSTGRADUATE ACTIVITIES

Executive Group

F. E. Clough, Chairman, 1946
Howard F. West, 1944 Frank A. Macdonald, 1945
George H. Kress, Secretary, ex-officio

To the President and the House of Delegates:

Your chairman has been greatly disappointed in the inability to hold a meeting of the entire committee throughout this year, but considerable correspondence has been carried on between the various members.

The committee feels that a great effort should be made by each component society to present clinical meetings or talks on Tropical Medicine. Sooner or later, this section of the country will find itself face to face with diseases with which we are now unfamiliar.

With that end in view, the Naval Hospitals at San Diego, Norco and Long Beach have been contacted and are willing to send trained speakers, who have had practical experience in the South Seas, to carry on programs in the southern counties of the State. Similar plans are being prepared to cover the remaining sections of California. The secretary's office will have all details of this plan.

As before, through the secretary's office, numerous pamphlets, journals and other medical matters have been sent to the various Armed Force bases in the State.

Respectfully submitted,
F. E. Clough, *Chairman.*

COMMITTEE ON MEMBERSHIP AND ORGANIZATION

Executive Group

Lewis A. Alesen, Chairman, 1944
L. H. Redelings, 1946 J. F. Doughty, 1945

To the President and the House of Delegates:

The Committee on Membership and Organization has held no meetings during the past year. No matters have been presented for its consideration.

Inasmuch as the responsibility for the selection of members in the California Medical Association is delegated to the local county units, and the relationship between the different county societies with respect to transfer of members is specifically defined by the By-laws, there is very seldom any occasion for this committee to act.

The details of membership are handled in a systematic and businesslike manner in the Association's central office at San Francisco, and other items that might conceivably be referred to this committee are cared for by other committees.

Hence it would seem that there can be but little need for the perpetuation of a committee of this kind when little if any activity is expected of it.

Respectfully submitted,
L. A. Alesen, *Chairman.*

County Society membership totals are given in the appended list:

C. M. A. County Society Membership Totals For Year 1943

Counties	*Membership in 1942*	*Civilian Members 1943*	*Military Members 1943*	*Total Members 1943*
Alameda	601	437	175	612
Butte-Glenn	37	29	9	38
Contra Costa	55	51	6	57
Fresno	151	110	41	151
Humboldt	37	26	10	36
Imperial	26	18	10	28
Inyo-Mono	11	7	4	11
Kern	69	56	20	76
Kings	21	16	7	23
Lassen-Plumas-Modoc	18	17	5	22
Los Angeles	2,826	2,149	773	2,922
Marin	50	30	20	50
Mendocino-Lake	29	19	10	29
Merced	35	18	16	34
Monterey	72	46	24	70
Napa	40	30	9	39
Orange	123	90	37	127
Placer-Nevada-Sierra	43	29	10	39
Riverside	76	54	20	74
Sacramento	173	128	46	174
San Benito	8	6	3	9
San Bernardino	164	122	44	166
San Diego	334	240	109	349
San Francisco	1,124	818	350	1,168
San Joaquin	115	68	39	107
San Luis Obispo	29	27	5	32
San Mateo	88	74	20	94
Santa Barbara	123	87	40	127
Santa Clara	228	157	77	234
Santa Cruz	46	32	14	46
Shasta	27	18	8	26
Siskiyou	17	13	2	15
Solano	45	42	5	47
Sonoma	68	56	16	72
Stanislaus	50	36	16	52
Tehama	8	6	1	7
Tulare	48	36	17	53
Ventura	53	33	20	53
Yolo	27	17	12	29
Yuba-Sutter-Colusa	26	19	10	29
Total	7,121	5,267	2,060	7,327

COMMITTEE ON PUBLIC RELATIONS

Executive Group

Donald Cass, Chairman

John C. Ruddock, Chairman, Committee on Health and Public Instruction
J. Norman O'Neill, Chairman, Committee on Hospitals, Dispensaries, Clinics
Donald Cass, Chairman, Committee on Industrial Practice
Nelson J. Howard, Chairman, Committee on Medical Defense
Lewis A. Alesen, Chairman, Committee on Membership and Organization
Glenn F. Cushman, Chairman, Committee on Medical Economics
Dwight H. Murray, Chairman, Committee on Public Policy and Legislation

F. E. Clough, Chairman, Committee on Postgraduate Activities
Karl L. Schaupp, President of California Medical Association
Lowell S. Goin, President-Elect
George H. Kress, Secretary

To the President and the House of Delegates:

The Committee on Public Relations has been dormant, as such, during the past year. Public relations have been paramount in the minds of the members of the Council and a great deal of public relations work has been planned, including, as you will see in the reports of other parts of your governing body, the work that has been done particularly in public relation's investigations. All of this, however, was not done by the Committee on Public Relations, but was really done by the Council and subcommittees of the Council who were in a position to coöperate more readily and constituted a more flexible body than your Committee on Public Relations.

The subject of public relations is one which is of paramount interest to all members of the California Medical Association, and one which will be reported in great detail by your Council. The Committee on Public Relations, however, has not met during the year and has been inactive as a separate acting body.

Respectfully submitted,

Donald Cass, *Chairman.*

COMMITTEE ON SCIENTIFIC WORK

Executive Group

George H. Kress, Chairman, ex-officio
J. Homer Woolsey, 1944 Howard F. West, 1945
Fletcher B. Taylor, 1946
John Martin Askey, ex-officio (for Medicine)
Leon Goldman, ex-officio (for Surgery)

To the President and the House of Delegates:

The major function of the Committee on Scientific Work relates to the scientific programs presented at each Annual Session. These comprehend: speakers and essayists for three General Sessions, thirteen Scientific Sections, as well as arrangements for film and scientific exhibits. In addition to the task of deciding on the nature of the various programs, and securing speakers and essayists for all the topics, the Committee is called upon to provide all equipment and facilities for these various special activities. The planning must be completed in all detail before the Annual Sessions begins, so that everything may move forward in easy and harmonious sequence. Necessarily, the major portions of responsibility in arrangement of these details devolves upon the chairman of this Committee, to whom, through By-law provision, these duties have been assigned. Through his central office, the newly-elected officers of the thirteen Scientific Sections are informed concerning their own rseponsibilities, so that coöperative plans may go forward in good manner. After consultation, and in due course, the Section Officers meet with the C.M.A. Committee on Scientific Work. At that time the various programs are properly correlated and brought to completion. Because of exigencies resulting from the War, it has been necessary this year to discontinue the scientific exhibits.

Due to the large number of Association members who are in military service, and also, the heavy loads now devolving upon colleagues in civilian practice, it has not been possible this year, as was also the case last, to secure as large a number of essayists from physicians in civil practice as we desired. However, since California has an extra large number of extensive military camps, with large station hospitals, one could turn to the medical staffs of these military establishments for aid. Many of these military colleagues, who are now in the Army and Navy Reserves, have had extensive experience as teachers and clinicians in other States of the Union. In addition, they have been in position to secure first-hand contacts with diseases and injuries incident to warfare in the Pacific Area. Therefore, it is again possible to bring to the attention of the California profession up-to-date reports, not only on military medicine and surgery, but also on those diseases which physicians in the postwar period may be called upon to meet in our own State.

Thanks are extended to both civilian and military colleagues for their generous coöperation in helping to make the programs a success. Under prevailing conditions, it is to be regretted that the annual meetings must be limited to two-day streamlined sessions. If additional days were available, and if members of the Association could take the time to attend, it would be possible to present programs much in line with those of prewar days.

In conclusion, it may be stated that, scientific medicine today has the same obligation to be as alert to its responsibilities, in keeping physicians alert to changes in methods, as has organized medicine, upon which phase of medical practice, scientific medicine must depend for its continued existence and progress.

Respectfully submitted,

George H. Kress, *Chairman.*

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To the President and the House of Delegates:

During the year of 1943 the men on the Editorial Board gave their time freely, and expressed their opinions about the manuscripts and writers without prejudice.

Thanks are hereby given to the members of the Board for their valuable assistance and ideas.

The increased demand for space for discussion of activities associated with the war effort, together with the reduction in size of the CALIFORNIA AND WESTERN MEDICINE, obtains as in previous years.

Most medical and surgical journals are finding it increasingly more difficult to obtain a sufficient number of satisfactory articles to meet publication needs. The OFFICIAL JOURNAL has felt this need also. On the other hand, we fortunately have been able to publish all manuscripts which have been up to the desired standard.

Respectfully submitted,

Albert J. Scholl, *Chairman.*

COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT.

* * *

PROCUREMENT AND ASSIGNMENT SERVICE

Executive Group

Harold A. Fletcher, San Francisco
Chairman for Northern California
Edward M. Pallette, Los Angeles
Chairman for Southern California

To the President and the House of Delegates:

The work of this Committee has been, practically, entirely the work of the Procurement and Assignment Service for Physicians. Because of the increased expansion of the Army and the Navy, and the United States Public Health Service, beyond that contemplated in 1942, there has been a great difficulty in meeting the 1943 quota of physicians necessary. On a national scale the needs are approximately for 6,000 physicians for the above services over the number which can be expected from residents and interns recently graduated.

Quota figures are no longer considered, and physicians are released regardless of quota, depending entirely on whether the community in which they are practicing can release them without jeopardizing public health and industrial and other war needs. Had every physician who was made "available" by Procurement and Assignment been able to pass the physical and other standards of the Army and Navy, the necessary number would have been obtained. However, this was impossible because of the tremendous number of rejections by the Military Forces, particularly because of physical disqualifications.

With the exception of San Francisco County, only a very few scattered physicians can be released during 1944 from other counties, and usually these only because of relocation of physicians in those counties or the return of discharged medical officers. Even in San Francisco County the number of physicians who can possibly be released to the Armed Forces is very small. Numerically, there are still an ample number of physicians, both on a national as well as on a State level. The problem is one of distribution, and this is one of the problems which Procurement and Assignment Service is trying to work out by voluntary methods.

The need for medical officers in the Army, and even more acutely in the Navy, is still very critical, and this statement is made with a thorough knowledge of the occasional criticisms which come from uninformed sources that the Military Forces are not using their medical personnel properly or are overstaffed. Medical personnel are needed acutely during campaigns, and not after campaigns have been completed and the readjustments have been made.

The Coördinating Committee on Medical Care of the Procurement and Assignment Service has been tremendously occupied during the past year with many important and interesting problems. These problems, although not directly the responsibility of Procurement and Assignment Service, necessitated the study of a group of able and well-qualified physicians who could work cooperatively and harmoniously to solve the various acute problems in certain areas where there was not only a shortage of medical care, but also a shortage of hospital beds and nurses, inadequate public health departments and other allied problems affecting the health of expansion areas.

This Committee has met regularly and frequently, and has put in many long hours on these problems. It has definitely proved in many cases that, if the medical profession wishes to assume responsibility, it can solve problems to the satisfaction of the general public as well as the various departments and bureaus of the Federal and State governments. The work of this Committee, in my opinion, has been one of the most important developments of the Committee on Participation of the Medical Profession in the War Effort, and of the Procurement and Assignment Service.

Procurement and Assignment Service has had excellent coöperation with the Selective Service System. The advice of Procurement and Assignment Service has been accepted in almost 100 per cent of the cases involved, whether in requesting deferment or whether in asking a classification in 1-A in the case of that small portion of the medical profession who have been unpatriotic, noncoöperative or recalcitrant. Unfortunately, there have been some cases where medical men have not only been classified in 1-A, but actually inducted into the Armed Forces. The number of these, particularly in California, has been very small.

Respectfully submitted,

Harold A. Fletcher, *Chairman.*

COMMITTEE ON LOCAL ARRANGEMENTS

Executive Group

L. A. Alesen, Chairman

E. T. Remmen — Earl F. Nation
A. Fletcher Hall — George H. Kress, ex-officio
Ben K. Parks
S. K. Cochems

To the President and the House of Delegates:

The Committee on Local Arrangements for the 73rd Annual Session of the California Medical Association, to be held at the Biltmore Hotel, Los Angeles, on May 7th and 8th, draws particular attention to the crowded conditions in the hotels in Los Angeles, and stresses the necessity for making reservations early in advance. Please do not make reservations, however, if you are not reasonably sure that you will take advantage of them.

Following the unusually successful dinner in honor of President Molony given at last year's Session, we are particularly interested that the dinner to be held this year in honor of President Karl L. Schaupp shall be equally pleasing and equally well attended. This dinner, to be held in the Biltmore Bowl on Sunday, May 7th, will be the one social feature of the convention. An excellent program of entertainment, together with dancing and a good dinner, have been promised by the hotel management. Reservations must be made in advance. Instructions concerning these reservations will be presented in the Pre-Convention Bulletin.

Respectfully submitted,

L. A. Alesen, *Chairman.*

COMMITTEE ON PHYSICIANS' BENEVOLENCE

Executive Group

Axcel E. Anderson, Chairman

Elizabeth M. Hohl — Robert A. Peers

To the President and the House of Delegates:

The Physicians' Benevolence Committee started 1943 with $2,141.50 in its checking account and $4,369.30 in its

savings account. The savings account is considered in the nature of a trust fund, to which additional contributions are intended to be added for the purpose of building up an endowment fund for purposes of income or other use by the committee.

During 1943 the California Medical Association contributed $5,329 to the checking account for the current use of the committee. This contribution was made at the rate of $1 per active member of the Association. The savings account received $1,015 in contributions during the year, and was increased by $46.90 interest received from the bank. The contributions include $10 from the Tulare County Woman's Auxiliary, $25 from the Kern County Woman's Auxiliary, $965 from the Woman's Auxiliary to the California Medical Association, and $15 from the Association of Pacific Railway Surgeons. The last named contribution was made in memory of the late Doctor Oliver D. Hamlin.

The committee disbursed $2,246 in aid during 1943. This aid went to 21 physicians or widows of physicians, and was expended for such items as ambulance service, rent, food, utilities, drugs, dental services, sanatarium care, surgical supplies, and glasses. The average aid extended was $107 per case. One of the recipients of aid has since died and another is being maintained in a nursing home.

The committee voted in 1943 to contribute $300 monthly to the Los Angeles County Physicians' Aid Association, since most of the needy cases are located in Los Angeles County area. A monthly account of the expenditures in Los Angeles County is rendered by the Los Angeles County Physicians' Aid Association, so that our records are complete. It is the policy of the committee to keep our records confidential, and not to publish the names of recipients of aid but, at the same time, to make full records of expenditures available to the C.M.A. for the purpose of keeping the Association records accurate and complete.

Under a By-law amendment adopted by the 1943 House of Delegates, the California Medical Association will contribute $1 per active member to the Physicians' Benevolence Fund, with the understanding that the annual expenditure of the Physicians' Benevolence Committee shall be kept within the annual contribution from the Association. This policy means that the $5,431.20 now in our savings account will be maintained and augmented for endowment purposes.

Respectfully submitted,
Axcel E. Anderson, *Chairman.*

REPORT OF DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates		*Alternates*
Edward N. Ewer	(1943-1944)	Robert T. Legge
William H. Kiger	(1943-1944)	Donald G. Tollefson
Robert A. Peers	(1943-1944)	Frederick N. Scatena
William R. Molony, Sr.	(1943-1944)	Ralph B. Eusden
Dwight L. Wilbur	(1944-1945)	L. R. Chandler
Lyell C. Kinney	(1944-1945)	Bon O. Adams
Lowell S. Goin	(1944-1945)	Leo J. Madsen
Henry S. Rogers	(1944-1945)	Robert S. Stone

To the President and the House of Delegates:

Owing to transportation difficulties and the pressing obligation of the practicing physician in the various states, the session of 1944 was restricted to a meeting of the House of Delegates.

The House of Delegates, which is the legislative and governing body of the Association, was in session for three days, beginning Monday, June 5th. All members of the California delegation, represented by Lowell S. Goin, Dwight L. Wilbur, Lyell C. Kinney, Henry S. Rogers, Edward N. Ewer, William H. Kiger, Robert A. Peers, and William R. Molony, Sr., were present and took an active part in all proceedings. Of the thirteen reference committees, Californians were appointed on three, namely, Edward N. Ewer, on the Committee of Rules and Order of Business; William R. Molony, Sr. on the Committee of Legislation and Public Relations, and Robert A. Peers on the Committee of Board of Trustees and Secretary.

Outside of the usual interest in the election of officers and the discussion of the reports of the several committees on the various resolutions submitted to the house, the chief interest and concern of the House of Delegates was the matter of the establishment of a Washington office and the formation of a new department of the Association to oversee and direct legislative activities. Several resolutions to this end were presented from several states and were referred to the Committee of Legislation and Public Relations. This committee held several meetings, including one in the large hall attended by over one hundred delegates.

The reference committee submitted the following resolution which was unanimously adopted:

"A Council on Legal Medicine and Legislation shall be created at once, this Council to be composed of six members of the American Medical Association geographically distributed over the United States, the President, the Secretary, the immediate Past President and a member of the Board of Trustees of the American Medical Association. The six members from the American Medical Association for the first year, shall be appointed by the Board of Trustees. Your reference committee recommends that the term of membership on the Council be three years, provided that at the end of the first year there be an election of two members for one year, two for two years and two for three years. After the first year the Board of Trustees shall present to the House of Delegates for election to membership on this Council a list of three nominees for each vacancy and the chairman shall be selected by the Council from its elected members.

The duties of this Council shall be to make available all facts, data and medical opinions with respect to timely and adequate rendition of medical care to the American people and to keep informed the constituent state medical associations and component county medical societies of all proposed changes affecting medical care in the nation and also the activities of the Council. The present Bureau of Legal Medicine and Legislation shall be made a part of this Council, and the Board of Trustees shall provide adequate facilities of these activities."

At its first meeting after the adjournment of the House, the Board of Trustees appointed the members of the new council. At the 1944 meeting of the House of Delegates, the six members of the council will be elected by the House. While the creation of this new council did not entirely satisfy the proponents of the new order, yet all felt that a good beginning was made—a beginning of a new departure in the policy of the American Medical Association—in that it created the authority and the means to assume the position of leadership in medical matters for the nation.

The House voted that the 1946 session of the American Medical Association shall be held in San Francisco. The Speaker declared San Francisco the place of the 1946 annual session of the American Medical Association.

We sincerely hope that by the summer of 1946 victory shall have been achieved, and that San Francisco and her fellow Californians will have the pleasure and the honor of entertaining the American Medical Association, in convention assembled.

Respectfully submitted,
William R. Molony, Sr.

CANCER COMMISSION

Executive Group

Harold Brunn, Chairman, 1946
Lyell C. Kinney, Vice-Chairman, 1946
Otto H. Pflueger, Secretary, 1946
Orville N. Meland, 1944 — Gertrude Moore, 1944
A. Herman Zeiler, 1944* — Alson R. Kilgore, 1945
Henry J. Ullmann, 1945
Clarence J. Berne, Secretary for Southern Section, 1945
*Deceased.

To the President and the House of Delegates:

As chairman of the Cancer Commission of the California Medical Association, I wish to submit the following report.

Our committee has coöperated with the Women's Field Army of the American Society for the Control of Cancer and has received many communications from Mrs. Helen Ingalls Ullman, the State chairman, from Mrs. Joseph Gould, who is the local head of this organization, and from Dr. C. C. Little, national chairman. Plans are being made by this organization to extend their efforts and activities by radio, spot announcements, by brochures and by contact with other women's organizations in this area. Mrs. Gould has been most active in this regard. In this way a large number of people will be contacted, and more interest shown by the public in this disease. It is hoped that a larger amount of money will be collected this year than ever before because of the extended program.

Dr. Wilton Halverson of the State of California Department of Public Health has been contacted personally and by letter on several occasions. A meeting has been called by Dr. Halverson at which time there will be discussion on the cancer problem in this State. Members of the State society should be present at the meeting to lend their support to an enlarged program. A discussion will be had as to the importance of having cancer a reportable disease. When the war is ended we hope to submit to you and to the State society an enlarged program on this subject. The State of California has been backward in entering this filed of public health endeavor.

Respectfully submitted,

Harold Brunn, *Chairman.*

CALIFORNIA PHYSICIANS' SERVICE

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Morton R. Gibbons, M.D. Rt. Rev. Thomas J. O'Dwyer
A. E. Larsen, M.D.....Secretary-Medical Director
Eugene F. Hoffman, M.D.....Assistant Medical Director

To the President and the House of Delegates:

The Annual Meeting of C.P.S. Administrative Members is scheduled for Saturday, May 6th, at 2:00 P.M., in Conference Room No. 8, at the Biltmore Hotel, Los Angeles. We urge that every Administrative Member be present, as there are many vital organizational issues to be acted upon.

It is a pleasure to announce that C.P.S. is now producing a unit value of $2.00, and at the same time is increasing its unit stabilization fund. The increase in unit value during the past year can be credited largely to the conversion of the old full coverage contracts to the new types of two visit deductible and surgical.

As of March, there were approximately 90,000 persons covered by C.P.S. contracts. Members of the Commercial Program total 64,500, of which total 31,500 carry the medical rider. The balance have only the surgical coverage. Approximately 10,000 of these persons in the Commercial Program are covered by hospitalization contracts issued by C.P.S. driectly. There are approximately 3,500 persons covered in the Rural Program, and 22,000 persons enrolled in War Housing Project Programs.

The *Surgical Contract* covers cutting procedures and reduction of fractures and dislocations, and is issued to the employed beneficiary member and his family dependents. Obstetrical care is not included. Pre-existing conditions are covered, and there are no waiting periods.

The *Two-Visit Deductible Medical Rider* is issued to the employed beneficiary member only. The benefits do not extend to his dependents. It is issued with a surgical contract, and never alone. It provides medical services to the beneficiary, except for the first two visits in each separate illness, for which the beneficiary must pay the professional member at the professional member's regular private rate for such services. Pre-existing conditions are included, and there are no waiting periods. There is a three months' limit on the treatment of chronic conditions. Obstetrical service for employed women beneficiaries is included after ten months of membership.

The *Surgical Reimbursement Contract* is a new development, which is issued to persons whose income is over $3,000. The person holding this type of contract makes his own arrangements as a private patient with the professional member, and after paying his bill to his physician, is reimbursed, in part, for his expenses of surgical care, according to the schedule set forth in his contract. This surgical reimbursement contract specifically informs the holder that the C.P.S. schedule of reimbursement is not intended to cover the *entire* charge made by the attending professional member.

The *C.P.S. Hospitalization Rider* is issued in Northern California territories. It is patterned after the contract issued by the Hospital Service of Southern California, with whom C.P.S. continues its joint acquisition arrangement. The hospital rider is issued in conjunction with surgical or two visit deductible contracts or surgical reimbursement contracts, and is never issued alone.

The *Rural Health Contract* provides medical, surgical and hospital care to the head of the family and the family dependents alike. The family is required to pay part of the cost of the first home visit in each illness, and is required to pay part of the cost of tonsillectomies. Chronic conditions are limited to three months' care. Surgical services do not include care for pre-existing conditions. Physicians' services are provided in connection with maternity care, but hospital care is not provided for this condition.

The *Housing Project Contract* also provides medical, surgical and hospital care for all members of the family. Treatment of minor illnesses and of ambulatory conditions is provided through a medical center, staffed with physicians and nurses employed by C.P.S. Surgery and other serious conditions are referred to the professional members of the local community. This contract was modified October 1st, 1943, to exclude conditions arising from pregnancy, tonsillectomies, herniotomies and treatment for correction of congenital defects.

* * *

C.P.S. has reached the stage where its gross income averages $100,000 per month or more. The distribution in recent months has been approximately as follows:

15 per cent for in-patient and out-patient charges in hospitals.

55 per cent for medical, surgical, x-ray, laboratory and other professional services.

20 per cent for administration.

10 per cent for addition to the unit distribution fund.

In addition to raising the unit value from the low of $1.10 in 1940 to the present $2.00 in January of 1944, C.P.S. has also been able to increase its unit stabilization fund to a present total of $70,000. The trustees have deemed it wise to accumulate a cushion before raising the unit value in each of the successive stages of increase, in order that it might be maintained at the new level. In addition to the increase in the unit value and the increase in the stabilization fund, C.P.S. has also repaid $7,000 of the original loans made to it by the California Medical Association.

The C.P.S. Fee Schedule has recently been printed and distributed to all professional members. The present Fee Schedule is the result of the original work by the various Specialty Sections of the C.M.A. and the Fee Schedule Committee of C.P.S., plus the many changes, modifications and expansions which have been made from time to time at the suggestions of professional members. The present form should not be considered a static document, but rather one which will be subject to further modification upon properly constituted evidence justifying a change.

* * *

For purposes of review there is set forth below a table of the unit values paid by C.P.S. in each of the months of its operation, up to and including January of 1944. Unit values paid in the fall months of 1939 were on an estimate basis, and did not include all of the costs involved. The actual earned unit value in these months was approximately $1.30.

	1939	1940	1941	1942	1943	1944
January	$	$1.50	$1.20	$1.25	$1.60	$2.00
February		1.30	1.25	1.45	1.75	
March		1.30	1.25	1.35	1.75	
April		1.25	1.25	1.40	1.75	
May		1.25	1.25	1.40	1.75	
June		1.35	1.25	1.40	1.75	
July		1.35	1.25	1.30	1.75	
August	1.75	1.35	1.25	1.30	1.75	
September	1.75	1.35	1.25	1.40	1.75	
October	1.60	1.35	1.25	1.40	1.75	
November	1.60	1.35	1.25	1.40	1.90	
December	1.60	1.10	1.25	1.50	1.90	

Although the process of conversion of full coverage contracts to the two visit deductible and surgical began in the summer of 1942, the effects of this change did not become evident until the spring and summer of 1943. As you will note, the unit value for January of 1944 is the highest mark yet reached in C.P.S., amounting to 80 per cent of par value.

The phrase "80 per cent of par value" means nothing by itself, unless it is related to some other operation. C.P.S. can make a fairly close comparison of its surgical plan and Fee Schedule with the Michigan Medical Service Plan, whose membership dues are the same as C.P.S.'s. The procedures which occur most frequently in C.P.S. surgical plan experience have been selected for the purpose of simple comparison, and the table below shows the procedures, the Michigan par value, C.P.S. par value and C.P.S. unit value at 80 per cent of par in January.

	Michigan Par Value	C.P.S. Par Value	Actual C.P.S. Payment at 80% of Par
Tonsillectomy	$ 25.00	$ 50.00	$ 40.00
Submucous resection	50.00	75.00	60.00
Appendectomy	75.00	125.00	100.00
Herniotomy	100.00	125.00	100.00
Hemorrhoidectomy	50.00	100.00	80.00
Cholecystectomy	125.00	200.00	160.00
Fistulectomy	50.00	75.00	60.00
Laparotomy	100.00	125.00	100.00

Presumably, the Michigan par value fees were set by the Fee Schedule Committee of the Michigan Medical Service, in the same fashion that the C.P.S. par value fees were set by the Fee Schedule Committees of C.P.S. and the C.M.A. It is evident from the table above that even at 80 per cent of C.P.S. par, as shown in the last column, professional members of C.P.S. are currently receiving more than the maximum of the Michigan schedule in all except two of the listed procedures, which are equal, and will receive considerably more when par is reached.

Respectfully submitted,
A. E. Larsen,
Secretary and Medical Director.

COMMITTEE ON PUBLIC RELATIONS SURVEY

Executive Group

E. Vincent Askey, Chairman
John W. Cline — Frank A. MacDonald

To the President and the House of Delegates:

During the past year, especially, all medical men have been interested in, if not worried over, the situation involved in a consideration of the relationship between the public and the medical profession. This, in a broad term, can be called the Public Relations Division of Medicine. Apart from the broad concept, however, at times acute interest in certain aspects arises, and particular attention is called to a subject.

It was with the idea in mind that a pressing need for clarification of the problem and advice in solving it existed, that a special committee was appointed by the Council to hire a competent firm to conduct a survey, and to give a constructive interpretation based on facts developed by that survey. Your committee, following out the instructions, contracted with Foote, Cone and Belding (formerly Lord and Thomas), and they conducted the survey which has been presented to the Council with recommendations. The further developments of this matter are outside the scope of your committee.

Respectfully submitted,
E. Vincent Askey, *Chairman.*

COMMITTEE ON PLAN FOR MEDICAL AND HOSPITAL CARE OF CITIZENS IN LOW INCOME BRACKET GROUPS

Executive Group

R. Stanley Kneeshaw, Chairman
Edwin L. Bruck — John W. Cline
Karl L. Schaupp — William R. Molony, Sr.

To the President and the House of Delegates:

This committee has not had any official meeting but the chairman has consulted with members of the committee. As you already know, this problem which has been delegated to this committee is by far the most important problem that the medical profession has to solve this year. It is of the utmost importance that the delegates to the A.M.A. take back with them to the annual meeting the promise to awaken the House of Delegates of the A.M.A. to the importance of it.

It is hoped that a more detailed report can be presented at the annual session.

Respectfully submitted,
R. Stanley Kneeshaw, *Chairman.*

ADVISORY COMMITTEE TO THE CALIFORNIA BUREAU OF VOCATIONAL REHABILITATION

Executive Group

J. B. Harris, Chairman
E. Vincent Askey — John W. Cline
Gertrude Moore — L. C. Kinney

To the President and the House of Delegates:

This committee was authorized by the Council, and appointed by the Chairman of the Council, to act as a Special Advisory Committee to the California Bureau of Vocational Rehabilitation. A meeting was held in San Francisco on March 5th with Mr. H. D. Hicker, Chief of the Bureau, to survey the problems involved. A second meeting, to be held on May 11th before the Annual meeting of the C.M.A., will explore possible means of coöperation between the members of the Association and the Bureau of Vocational Rehabilitation.

The new program of Vocational Rehabilitation, authorized by the Congress and approved July 16, 1943, is exceedingly important to both the public and the medical profession. In California, another government agency, namely the State Board of Education, now enters the

field of providing medical and surgical care at the expense of the State, with Federal subsidy. Any person who has a curable physical disability that renders him unemployable is entitled to treatment and hospitalization, provided there is reasonable hope that the treatment will make him employable. The program will be guarded by requiring evidence of financial need, by careful social service, and will not overlap the functions of such other public agencies as the Compensation Fund, the Crippled Children's Society or County Hospitals. However, the new program opens a new and potentially large field of government-controlled medicine.

Since 1921, the Bureau of Vocational Rehabilitation of the California State Board of Education has done a marvelous service in vocational training, and in placement of physically-disabled patients. Over 15,000 have been rehabilitated and rendered employable. This program has been financed by the State with Federal subsidy since the Statute approved June 2, 1920. The new amendment passed last year permits the Bureau to expand their program, and provide corrective surgery, medical care and hospitalization, in addition to vocation education and placement.

To quote from the Act, "The Secretary of the Treasury will pay to each State . . . one-half the necessary expenditures for . . . corrective surgery or therapeutic treatment necessary to correct or substantially modify a physical condition which is static and constitutes a substantial handicap to employment, but is of such a nature that such correction or modification should eliminate or substantially reduce such handicap within a reasonable length of time."

The immediate problems of interest to the committee are:

1. The proper physical examination and evaluation of applicants for corrective rehabilitation procedures under the act.
2. The assurance that adequate hospitalization and treatment be provided for the patient.
3. The assurance that satisfactory compensation is made to the physicians and surgeons providing that treatment.

Respectfully submitted,
Lyell Cary Kinney, M. D., *For the Committee.*

COMMITTEE ON POSTWAR PLANS OF MEDICAL SERVICE AND SOCIAL SECURITY

Executive Group

Dewey R. Powell, Chairman
Donald Cass — John W. Green

To the President and the House of Delegates:

The members of the committee on postwar plans of medical service and social security have had no formal meeting during the year. They have corresponded, and had several conferences at Council meetings on this important topic. In fact, so much of the entire Council's time has been absorbed on this same subject, that there is no particular need for a subcommittee to function independently until assigned some specific task to perform.

The Mannix report and the Foote, Cone, and Belding Survey sponsored by the Council are both intimately concerned with post-war plans of medical service and social security, so your committee members, as part of the Council, have been most active in this work.

Respectfully submitted,
Dewey R. Powell, *Chairman.*

COMMITTEE ON POSTGRADUATE COURSES FOR MILITARY MEMBERS

Executive Group

Calvert L. Emmons, Chairman
Harry E. Henderson — Lloyd E. Kindall
R. E. Clough, ex-officio — George H. Kress, ex-officio

To the President and the House of Delegates:

The committee on postgraduate courses for military members has little information to give to the organization at this time. As yet there has been no need for the postgraduate course for our colleagues returning from military service.

Members of the committee are in close touch with the medical centers of training throughout the State and we hope that when the time is here, our military colleagues are back and are in need of postgraduate courses, we shall be in a position to grant what they ask without expense, and not too far distant from their home.

Respectfully submitted,
Calvert L. Emmons, *Chairman.*

PUBLIC RELATIONS PUBLICITY COMMITTEE

Executive Group

R. Stanley Kneeshaw, Chairman

To the President and the House of Delegates:

To this sub-committee has been relegated the important job of feeling out the pulse of the public in its attitude toward the medical profession and its associated work. The Council as a whole has taken over this job which was instigated by members of the committee. A survey was made and the results of it will be given to the House of Delegates at its annual meeting.

Other functions in public relations and publicity have been carried on under the direction of members of this committee. It is hoped that the House of Delegates will see fit to support the Council in its efforts in carrying out its policy of public relations.

Respectfully submitted,
R. Stanley Kneeshaw, *Chairman.*

COMMITTEE ON PERMANENTE FOUNDATION HOSPITALS

Executive Group

Lloyd Kindall, Chairman
Calvert L. Emmons — Edwin L. Bruck

To the President and the House of Delegates:

The recommendations and conclusions of the committee will be found in the minutes of the 314th meeting of the Council, which appear in CALIFORNIA AND WESTERN MEDICINE, for March, on page 104.

Respectfully submitted,
Lloyd Kindall, *Chairman.*

OTHER SPECIAL COMMITTEES

In addition to committees noted above, reports of other special committees are referred under other reports, as follows:

(a) **Committee on Industrial Fee Table** (See Report of Legal Counsel Peart).

(b) **Federal Maternity-Pediatric Program**—EMIC—(See reference in Report of Council).

(c) **Liaison Committee of Eight on Medical and Hospitalization Services** (See reference in Report of Council).

(d) **Revision of Code of Ethics of American Medical Association, Lowell S. Goin, chairman.** (Report will be submitted).

(e) **Osteopathic Practice Act** (See reference in Report of Council).

ANNUAL COUNTY MEDICAL SOCIETY REPORTS

FIRST DISTRICT

Imperial, Orange, Riverside, San Bernardino, and San Diego Counties.

Calvert L. Emmons, Ontario, *Councilor.*

Imperial County Medical Society

The Imperial County Medical Society is scheduled to meet the second Tuesday of each month at the Hotel California in El Centro. Occasionally, it is necessary to omit a monthly meeting because of inability to obtain a speaker or sufficient attendance of regular members. The meetings are preceded by a dinner. There are no meetings during the hot summer months.

There are at present seventeen physicians in Imperial County, fourteen of which are members of the Society. In addition, there are twelve military members in the Army and Navy Medical Corps of the United States. Three members have moved from the County this past year, to establish practice in more populated areas.

The nursing shortage is especially acute at present, but this is somewhat alleviated by assistance of wives of military personnel stationed on the desert.

HENRY FORCHER,
Secretary.

Orange County Medical Association

During the year, we lost our President, Dr. D. A. Harwood, who passed away in his sleep. He had been very active in surgery and radiotherapy. Dr. A. C. Robbins, who enjoyed one of the largest general practices in Southern California, went on a fishing trip and was lost at sea. Dr. A. E. Chase, our Santa Ana x-ray man, died last summer.

In the past twelve months several men have moved in from surrounding communities, due to the tremendous decrease in the number of doctors who answered the call to military service. Even so, the doctors that are here are very much overworked. The number leaving balances the number coming, so that our present membership remains at eighty-eight. Up to this time forty of our members are in military service. There has been a definite increase in the load of our work due to the proximity of the industrial plants, the military establishments, and the air bases.

Most of our meetings are held at Daniger's Cafe, where a comfortable room is placed at our disposal. Dinner meetings are customary, attendance has been good, and programs have been both good and well received. Ten meetings were held during the year, no meetings during July and August.

The doctors of our county enjoy a congenial atmosphere, with the doctors all friendly and helpful to each other, and enjoying also friendly relations with the general public. The people, as a whole, appreciate the way the doctors are accepting the increased load during the War emergency. The cultist groups have not been conspicuous, and there are probably no medical doctors in the county eligible to membership who are not supporting the Association fully.

About 95 per cent of our Association members also support the Public Health League.

RUSSELL I. JOHNSON,
Secretary.

Riverside County Medical Association

The Riverside County Medical Association has at present about fifty-five active members and about twenty in the Military Service.

The Association meets the second Monday night of every month at the Riverside Community Hospital. The program is usually of a scientific nature, and is followed by the business session of the Association.

A bulletin is issued by the Secretary the first of the month, and is generally sent out a few days before the regular meeting. It contains notes on business activities by the Council, and announces the program for the following meeting.

We have been very fortunate in having many of the noted men who are in the Armed Forces located near us, and they have given us numerous good scientific programs.

Riverside County has greatly increased in population and with about one-third less doctors to take care of people. The hospitals are full to capacity most of the time. There is also a shortage of nurses, and at times we are unable to get private-duty nurses.

W. K. TEMPLETON,
Secretary.

San Bernardino County Medical Society

The San Bernardino County Medical Society now has a membership of one hundred eighty, forty-six of whom are serving in the Armed Forces. Seventeen new members have been admitted during the past year, with the loss of four by death, during the year, and three by transfer to other societies.

Death also took from us Major A. D. Neubert, M.C., who died in England on October 29, 1943, while serving his country in the Armed Forces.

Our regular meetings are held on the first Tuesday of each month, from October to June, inclusive, but have not been very well attended during the past year, owing to gas shortage and the extra work which all of our remaining active members have had to take care of.

But one postgraduate meeting was held during the past year, when the subject for discussion was "Tropical Diseases," the speakers being medical officers from the Naval Hospital at Norco.

ARTHUR E. VARDEN,
Secretary.

San Diego County Medical Society

Medical affairs have about leveled off now that the first years of war confusion have passed. The San Diego County Medical Society has a total membership of 354 with 25 applicants. Of these, 109 are in active service. During 1943, 35 new members were admitted. While everyone is overly busy, there is no marked shortage of medical care for the increased population. Practically all of the men eligible for medical service have gone in under the able guidance of the local Procurement and Assignment Committee, which has rendered noble and efficient service. If physical standards are lowered and the age limit raised, more will volunteer.

The pressure on hospital facilities has been reduced and will continue to be more so, with the opening of new facilities made possible in connection with the County Hospital by Federal funds. The County Board of Supervisors has been most understanding and coöperative in protecting both the private hospitals and private practitioners in opening the county facilities to other than county cases. The new facilities will not compete with either in the admittance of pay patients, if the proposed agreemnet is adopted. A shortage of nurses does exist. A serious situation is developing with regard to ambulance service, since the W.M.C. has so far refused to classify it as an essential industry. The curtailment in ambulance crews is forcing over half our ambulances into idleness.

Regular meetings are being held. The Naval Hospital here has been of great educational help in affording capable speakers from its staff. When these men are not available, our own members have taken hold as never before in presenting programs of value.

Affiliated Hospital Units are in the process of formation. The Emergency Medical Service of the O.C.D., while not as active as in the past, is still a live unit, ready for action, as needed.

Difficulties with the C.P.S. are yet to be ironed out, and the rumored reorganization of the body is being looked for with quite some interest. We are also watching with hope of a satisfactory solution, the conversations with the osteopathic physician and surgeon group, looking toward an adjustment of that problem.

In closing: we are still looking for some vital leadership in the problem of State Medicine, facing us at the present in Congress.

W. H. GEISTWEIT, JR.,
Secretary.

SECOND DISTRICT

Los Angeles County.

Donald Cass, Los Angeles, *Councilor.*

Los Angeles County Medical Association

The third year of the war, with its demand for Doctors of Medicine for military service, and its increasingly great shortage of physicians to care for the growing civilian need, has kept the Los Angeles County Medical Association very busy.

Through its public relations—which includes regular radio broadcasts, addresses before lay groups by members

of the Speakers' Bureau, and through the activities of numerous committees—the Association is becoming recognized by the laity as an authoritative source of information on health and medical questions. The information service which is available through the Association's telephone exchange at night, and from the headquarters of the Association during office hours, has become known to great numbers of people in this county. The number of calls received now is many times greater than before the war.

About a million new residents have come into Los Angeles County in the past three years. Most of these newcomers do not select a family physician until sickness makes it necessary. Therefore, one of the difficult responsibilities which is being met by the Association is to provide doctors to answer emergency calls, both day and night. To illustrate this demand, one physician was called upon to make, and did make, some 630 emergency calls within a ten-months' period.

Much constructive work has been accomplished by the Committee on Medical Defense, under the chairmanship of Dr. Louis J. Regan, who is also an attorney. A special Committee on Food Rationing, working in close coöperation with the Office of Price Administration, has been considering each day requests made by physicians for rationed foods for patients, when such requests have seemed excessive to the Office of Price Administration. This committee is under the chairmanship of Howard West, M. D.

A special Committee on Gasoline Rationing, under the chairmanship of Howard Bosworth, M. D., has worked diligently and successfully to insure every doctor a sufficient supply of gasoline for his professional needs. A program has been developed to insure enough gasoline for members of the medical profession, should the gasoline shortage become more acute. The Committee on Hospitals, Dispensaries, and Clinics has devoted much time and effort to the problem of hospital bed shortages in this area. Carl L. Mulfinger is chairman of this committee. The Committee on Procurement and Assignment, Clarence G. Toland, M. D., chairman, has continued to meet daily to carry on the work that was instituted several years ago.

General meetings of the Association have been held monthly during the fall, winter, and spring. In addition to these general meetings at which scientific subjects of immediate interest are presented, a series of Friday night lectures on medical jurisprudence has been presented. At one of these lectures fifteen judges of the Superior Court of Los Angeles County addressed our members on the subject, "Meet the Court." Several symposia on tropical medicine and other timely subjects are planned.

Fifty-six new members were added up to Feb. 1st, 1944, and the total membership of the Association on that date was 3024, of whom 779 were in Military Service.

The Association deeply appreciates the efficient services of its permanent staff. Stanley K. Cochems, executive secretary, has prepared and delivered two broadcasts each week during the year, acted as managing editor of the Bulletin, and efficiently performed the innumerable duties of his position. Hazel M. Granger, librarian since the retirement of Mrs. Mary Irish, has made many excellent innovations. The library is constantly acquiring new books, and is rendering valuable service to members, both in service and at home.

E. T. Remmen,
Secretary.

THIRD DISTRICT

Inyo-Mono Counties, Kern, San Luis Obispo, Santa Barbara and Ventura Counties.

Harry E. Henderson, Santa Barbara, *Councilor.*

Inyo-Mono County Medical Society

Our Bi-county Medical Society has found itself dwindling in numbers during the past year. We have lost members, both to the Armed Services and to the airplane industry. Dr. C. L. Scott is in the Army, Dr. Howard Dueker is in the Navy, and Dr. Joseph Telford is in the San Diego Lockheed factory.

Our total membership now numbers six, two of whom are retired. However, we have two new memberships pending.

Most of our monthly meetings have been jointly with the Auxiliary. One of the most interesting was the November meeting, at which Dr. Buckheim of the State Bureau of Maternal and Child Welfare discussed with us the details of the E.M.I.C. Federal plan. The consensus of our Society is that the deal is pretty raw.

L. S. Bambauer,
Secretary.

Kern County Medical Society

Kern County Medical Society has a membership of seventy-four, with nineteen members in military service, as of January 1, 1944. Meetings of the Society are held on the third Thursday evening of each month, except in summer, at the Motel Inn in Bakersfield.

Dr. Juliet Thorner served as Program Chairman during 1943 and, in spite of wartime restrictions on traveling, a number of excellent papers were presented by guest speakers. Dr. Harry E. Henderson, Councilor for the Third District, reported on activities of the C. M. A. at the October meeting. In January, members of the Pharmacists' Association were present as guests, and Dr. T. C. Daniels, of the University of California, spoke on "The Service of Pharmacy to the Medical Profession." Many of the doctors in military service at Minter Field attended our Society meetings during the year.

The shortage of nurses and doctors has been keenly felt at the Kern General Hospital, and the changes among the resident staff have been rapid. The visiting staff members have helped alleviate the condition, and the Nurses Aide Corps has been of valuable assistance. At the Mercy Hospital the bed shortage has been acute at times. However, these shortages have not been of the magnitude of those in the more populated areas of the State.

Dr. C. I. Mead served as Chairman of the Kern General Hospital Staff, and through his efforts a Junior membership in the Society has been made available to the resident physicians. Dr. J. M. Kirby, Superintendent of the hospital, has coöperated with the visiting staff members in improving the varied medical and surgical services.

Dr. J. Headen Inman served as Chairman of the Committee to raise funds for the work of the National Physicians' Committee, and a total of $400 was contributed by the membership. It is felt that the Society should continue support of the N. P. C. and of the Public Health League. Each member has contributed $5.00 yearly as dues to the latter organization.

The Woman's Auxiliary has actively supported the efforts of the Medical Society, and are to be especially commended for their volunteer services to the program of the Nurses Aid Corps of the Red Cross. Mrs. C. B. Stockton has served as Chairman of the Corps.

Dr. J. M. Nicholson served as president of the Society. Other officers during 1943 were Virginia McNamara, vice-president, and Sophie M. Loven, secretary.

Serving on the Board of Directors were F. J. Gundry, C. S. Compton, C. I. Mead, J. M. Krevitt, J. Headen Inman, Lucille B. May, and Harry Lange. Delegates were F. J. Gundry and Seymour Strongin, with J. Headen Inman and Lucille B. May as alternates.

Sophie M. Loven,
Secretary pro tem.

San Luis Obispo County Medical Society

Meetings are held on the third Wednesday of each month; eleven in 1943, but no meeting in August.

The membership in 1943 was thirty-four, including five members in the Armed Forces. One member was lost by death and three members moved elsewhere. Three new members were elected to membership.

Most of the meetings were participated in by our own members, with several outstanding outside programs including, "Treatment of Varicose Veins," by Dr. M. Lawrence Montgomery of San Francisco; "Rupture of the Uterus," by Dr. Earl B. King of San Francisco; and "Meningitis," by Capt. Chester Johns of Camp San Luis Obispo.

So far, the present supply of physicians, nurses and hospital beds has been adequate to cope with the large influx of population because of two large army camps and a naval installation in the county. The individual load of each physician, however, has reached the point where any increase might lead to a serious need in the county.

Obstetrical beds have been occupied to capacity. In 1940 there were 547 births in the county: in 1943, there were 1,183 births. In the last three months, 344 obstetrical cases have been authorized in the county under the emergency program of the Children's Bureau, conducted by the State Department of Public Health.

We feel that, during the past year, the Society has made every effort to coöperate with agencies, such as the County Health Department and Red Cross, in attempting to take care of the problems created by the War, as they relate to the medical profession.

Harrison Eilers,
Secretary.

Santa Barbara County Medical Society

The Santa Barbara County Medical Society has an active membership of 125. Regular meetings are held on

the second Monday of each month, except July and August, at 8:15 P.M., in the Bissell Auditorium of the Santa Barbara Cottage Hospital. It is the policy of the Society to have outstanding members of the medical profession from outside of Santa Barbara present papers at each meeting.

The January meeting is the annual banquet, which in 1943, was held in the Gold Room of El Paseo. Fifty-three members and guests attended.

Additional society members have joined the Armed Forces during 1943, so that at the present time there are forty members of the Santa Barbara County Medical Society in the Services.

Guest speakers during 1943 were:

March: Dr. Alson K. Kilgore, San Francisco: "Disorders of the Breast."

April: Dr. William Molony, President of the California Medical Association and Dr. George H. Kress, Secretary of the C. M. A. Also Major Charles Sebastian of the California Defense Council and Col. L. A. Emge, U. S. Public Health Service, each of whom spoke on Emergency Medical Evacuation Units.

May: Dr. Jeannette Noack, S.B. State College: "Elizabethan Medicine."

June: Dr. William T. Grant, Los Angeles: "Cerebral Injuries, Diagnosis and Treatment."

September: Dr. Donald Tollefson, Los Angeles: "Problems of the Cervix in General Practice."

October: Meeting, with Mr. Wm. Glenn Ebersole: "California Physicians' Service Problems."

November: Dr. Rudolph Schindler, Chicago, Illinois: "Gastroscopy and Chronic Gastritis."

December: Dr. Gurth Carpenter, Los Angeles: "Diagnostic Responsibility of Thrombocytopenic Purpura."

During 1943 twelve new members were added to the Society.

Dr. G. V. Hamilton, a revered member of the Society died during 1943, and his loss will be felt by all who knew him.

Except for the usual dislocations incident to the war, the S. B. County Society has ended another successful year with a sense of steady progress. Its relationship to the community organizations has been coöperative and many of the members are actively engaged in civic tasks, both related to and outside of the medical field.

A. B. Wilcox,
Secretary.

Ventura County Medical Society

The Ventura County Medical Society has a membership of fifty-four, nineteen of which are on inactive status without payment of dues because of military Service. We have lost three members through death, one in action with the Navy in the South Pacific.

Our meetings are held once monthly, on the second Tuesday at the Ventura County Club at Saticoy, and are well attended. Excellent meals are partaken of before beginning the business and scientific program.

As everywhere these days, there is a shortage of medical personnel and hospital beds; but the fine coöperation between the County and private institutions has held this inconvenience down to a minimum.

Members of the Society are active in both the American Tuberculosis Association, and the American Society for the Control of Cancer, and in recently formed civic groups for the study and correction of juvenile delinquency.

Gerald K. Ridge,
Secretary.

FOURTH DISTRICT

Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare, and Tuolumne Counties.
Axcel E. Anderson, Fresno, *Councilor.*

Fresno County Medical Society

During the year 1943 the Fresno County Medical Society held ten regular meetings, with the months of July and August observed as a vacation period.

The Society meets at the University-Sequoia Club, and our scientific programs usually consist of a talk by one of the staff from the University of California Medical School.

We have 112 active members, 41 being with the Armed Forces. The scarcity of doctors was acutely felt during the recent flu epidemic, at which a temporary shortage of hospital beds was also noted. At the present time, however, it is believed that adequate medical care in this community is not lacking.

J. A. Thormann,
Secretary.

Kings County Medical Society

The Kings County Medical Society in 1943 had an active membership of fifteen, with no new members added. Nine members of the Society have entered various branches of military service. Due to the present emergency only six meetings were held. There has been a lack of nurses and insufficient beds in private hospitals the past year.

Arthur Zeismer,
Secretary.

Merced-Mariposa County Medical Society

Since a large percentage of our members have entered the various branches of the Service, the oniy business meeting held during the past year was on December 21, at which time the election of officers for the ensuing year took place.

It was decided that regular monthly meetings be held throughout the coming year, in spite of the fact that only a few are able to attend.

C. C. Fitzgibbon,
Secretary.

San Joaquin County Medical Society

Of our group of 119 active members, forty are now in military service. Omitted from the previous published list is Lt. Com. G. C. Richardson. During the past year one new member, Benjamin Winick, was received by election, and one member, R. V. Lozier, was received by transfer. Four members, H. C. Peterson, Eugene Gay, E. D. Augspurger, and C. D. Holliger were lost by death, and five members were dropped from the roll.

Meetings of last year were held monthly except In August, all at the Clubrooms of the Medico-Dental Building in Stockton, except when the Society was guest of the San Joaquin General Hospital and Stockton State Hospital staffs. The usual dinner sessions were entirely omitted.

The following programs and speakers were presented by the program committee, of which Elmer W. Smith, M.D., was chairman:

January—"Pathology and Etiology of Pneumonia and Influenza," by Monroe D. Eaton, M.D.

February—"Some Modern Concepts of Treatment of Varicose Veins," by Lawrence Montgomery, M.D.

March—"Peptic Ulcer": showing of the film made by Wyeth Laboratories.

April—"Management of Hypertension," by Francis Chamberlain, M.D.

May—Program by San Joaquin General Hospital Staff Members: "Uterine Bleeding in the Third Trimester," by Samuel Hanson, M.D.; "Intestinal Obstruction Due to Congenital Anomaly," by Benjamin Winick, M.D.; "Congenital Cystic Lung—Diagnosis and Treatment," by Elliott P. Smart, M.D.; "Traumatic Rupture of Inter-Auricular Septum," by Elmer W. Smith, M.D.

June—"Chest Disease Problems—Medical and Surgical Aspects," by Lt. Col. George S. Reynolds, Lt. Col. Garnett Cheney, Major William F. Hoyt, and Capt. Edward Denenholz, Members of medical staff, Hammond General Hospital.

September—Program by Stockton State Hospital Staff, by Karl Bowman, M.D., Langley Porter Clinic.

October—"Use of Basergin in Third Stage of Labor," by W. Dayton Clark, M.D.

November—"Parasitic and Tropical Diseases," by Commander Paul Michael, Oak Knoll Naval Hospital.

December—"Arthritis," by Major M. E. Pusitz, Hammond General Hospital.

Besides these meetings there were two others sponsored by the Society. In May, in coöperation with the Office of Civilian Defense with local dentists, nurses and first-aid workers as guests, the following program was presented by the post-graduate committee, of which C. A. Broaddus, M.D., was chairman.

"Experiences with Compound Fractures from the Pacific Combat Areas with Presentation of New Appliances for the Care of War Injured," by Lt. Commanders D. D. Toffelmeier, Merrill Mensor, and H. I. Barnard; "The Parafin Wax Treatment of Burns," by Lt. Com. Ralph C. Pendleton; "Operative Experiences with Peripheral Nerve Lesions from the Pacific Combat Area," by Lt. Com. Nathan C. Norcross.

Then in July, at a special meeting, the subject, "Prophylaxis, Care, Pathology and Treatment of Chemical Casualties," was presented through the sponsorship of the State Emergency Medical Service.

Although there is a shortage of physicians since all available men have been called into the military services,

the members are coöperating to the fullest extent in providing good medical care for the communities. There is a great shortage of nurses and there has been attempt to alleviate the situation by decreasing demands for special duty nurses. The number of available private hospital beds is inadequate, as was demonstrated acutely during the latter six months of the year. Members continue to render their services on the draft boards and the civilian defense organizations.

Two of the members have received great recognition the past year. H. S. Chapman, M.D., has been appointed to serve on the State Board of Medical Examiners. J. J. Sippy, M.D., is president-elect of the American Public Health Association. C. A. Broaddus, M.D., succeeded H. S. Chapman, M.D., as Chief Medical Officer of Civilian Defense for Stockton and San Joaquin Counties.

DORA AMES LEE,
Secretary.

Stanislaus County Medical Society

The year 1943 was uneventful for the Stanislaus County Medical Society. Nine regular meetings were held, there being none in the months of July, August, and September.

At present there are fifty-four doctors in the Society, thirty-nine members practicing in the County, and fifteen in the Armed Services.

H. R. GANT,
Secretary.

Tulare County Medical Society

Under the able leadership of Dr. Karl F. Weiss as President, and Dr. Frank Guido as Secretary-Treasurer, the Tulare County Medical Society had a full and active year. The same difficulties that prevail elsewhere were felt here. Despite the greatly increased burden of work of all the physicians in the county, the Society has maintained its unity and organization. A dinner meeting with an outstanding speaker has been held monthly, with the exception of the summer months. It is becoming increasingly difficult for societies away from the medical centers to find appropriate speakers.

There were 36 active members in 1943, in addition to 16 members in the Armed Services. The Society has taken an active part in maintaining essential medical care, even to helping to prevent the complete depletion of dentists from our communities. In the same respect it has also aided in preventing the breakdown in medical care centers; such as protesting vigorously the proposed use of the Municipal Hospital by Osteopaths.

We regretfully acknowledge the death, during 1943, of Dr. Sherman Rogers, of Tulare.

JAMES C. MALCOLM,
Secretary.

FIFTH DISTRICT

Monterey, San Benito, San Mateo, Santa Clara, and Santa Cruz Counties.

R. Stanley Kneeshaw, San Jose, *Councilor.*

Monterey County Medical Society

There are seventy-six names on the roster of the Monterey County Medical Society. Of this number, twenty-six are serving in the Armed Forces of our country. A further analysis shows that seventeen members are in the Army and nine in the Navy.

Meetings are held on the first Thursday of every month, with the exception of the summer months, July and August. Several interesting programs were held during 1943. Major A. Sirbu, orthopedic surgeon from Fort Ord, spoke on "Fractures and Their Treatment" in January. In May, Lieutenant Alexander McLean, of the U. S. Naval Reserve, spoke on the subject of "War Neuroses." The June program was held at Fort Ord and was contributed to by the various medical officers stationed there. Dr. Anthony J. Rourke, of San Francisco, spoke at the October meeting on the subject of the "Modern Trend toward Socialized Medicine." In December, Dr. John C. Cline of San Francisco gave a report on the "Future of the Practice of Medicine." The meetings were alternated between the Del Monte Lodge at Pebble Beach and the Santa Lucia Inn in Salinas.

The Woman's Auxiliary of the Monterey County Medical Society continued their various activities of previous years. This group has always been helpful to the Society in its problems.

The Monterey County Public Health Department maintains clinics at Monterey, King City and Salinas. There is close coöperation between the staff of this department and the practicing physicians of this county.

ARNOLD MANOR,
Secretary.

San Benito County Medical Society

The San Benito County Medical Society has a total of eight members, three of whom are on duty with the Armed Services, leaving five in active practice at home. Meetings are held only on call of the president, the Society being rather inactive as an organization.

The population of this County has increased 2.9 per cent since the war, which has thrown an added load on the remaining physicians, nurses and hospital. However, we have not had the problem of the influx of population of the industrial centers, and are carrying on without too much difficulty.

JOHN J. HARUFF,
Secretary.

San Mateo County Medical Society

The present membership consists of 73 active members, 26 members in military service, and 5 associate members. During the past year there have been 2 members deceased, 8 new members. Applications on file, 4.

Regular meetings are held monthly, except during June, July and August; recently at the San Mateo County Blood Bank, or in Mills Memorial Hospital. For the past year, we joined the Mills Memorial Hospital staff, the meetings being featured with case reports, addresses by guest speakers, and a clinical-pathological conference.

The ratio of practicing M.D.'s to civilian population in the County is 1 to 1965. A definite nurse shortage exists, and many nurses have contributed an extra 8 hour shift daily to a needy private case, after finishing their regular 8 hours of duty. All hospital beds are usually filled. Arrangements have been made to transfer private patients to the Community Hospital (San Mateo County Hospital), under the care of private physicians, when necessary, but to date the actual need to resort to this procedure has not occurred. Private hospital beds, however, are available only for very sick patients.

During the past year the San Mateo County Medical Society placed itself on record as opposing the approval of membership applications of new physicians unless they previously were cleared by the Procurement and Assignment Committee. This action aimed to: (1) Protect the practices of members in the Armed Forces temporarily away; (2) Assure coöperation in the aim of the Procurement and Assignment Service to supply adequately all areas with medical care, and encourage location of M.D.'s in medically-depleted areas.

LOGAN GRAY,
Secretary.

Santa Clara County Medical Society

The Santa Clara County Medical Society now has eighty members in the Armed Services, with 150 remaining in civilian practice. There have been thirteen new members elected during the year; and three members have died during the year.

Attendance at regular meetings has been very good. No meetings were held in July or August. At the January meeting which, as usual, was held at the Santa Clara County Hospital, the staff presented an interesting summary and discussion of cases, and prizes were awarded for the best essays. The April meeting was held at Agnew State Hospital, where the staff presented an interesting scientific discussion. Other meetings have stressed the scientific aspects of medicine, though the trend of medical economic affairs has received considerable attention.

While physicians in civilian practice here are finding a considerable load, no actual shortage has existed. The hospitals continue full, but no serious difficulty has been encountered in securing accommodations for ill patients.

There has been very active coöperation between the Medical Society and the American Red Cross. This has applied particularly to the Home Service and the Visiting Nurses Departments since this relates to the care of families of service men and service men on furlough. It is contemplated that the Medical Society will coöperate in the formation of a Visiting Nurse Association in San Jose.

During the epidemic of poliomyelitis, the coöperation between the county hospital, the community physicians and the public was very satisfactory, and many retired nurses entered the county hospital service, frequently without a fee, and gave much time with the Kenney treatment, to the care of patients.

Continued effort is being exerted to safeguard the interests of the physicians who are in the Armed Services.

FRED W. BORDEN,
Secretary.

Santa Cruz County Medical Society

Despite wartime restrictions and limitations a very

successful year was had by the Society in 1943 under the qualified leadership of President Frederick P. Shenk. The schedule of meetings for the year was streamlined to a total of four. In February we were addressed by Doctor W. E. Carter, of the University of California Out-Patient Department, on the subject "How Our Clinic Can Be of More Assistance to Practitioners of Medicine During This Emergency." Also present was Doctor Hans Waine, of the University of California Medical School, who presented a paper on "Some Modern Concepts of Etiology, Pathology and Treatment of Arthritis." The April meeting was devoted to the subject, "Acute Surgical Abdominal Problems," and the speaker was Doctor Leon Goldman, also of the University of California Medical School. In October Doctor Verne T. Inman, another member of the University of California Medical School staff, presented a paper on "The Sacroiliac and Lumbosacral Regions of the Back." The December meeting was held at Camp McQuaide, near Watsonville, and consisted of an interesting and instructive tour of a typical Army station hospital. The annual business meeting was held at this time. Our membership, as of January 1, 1944, was 45, with 14 absent in active military service.

SAMUELL B. RANDALL,
Secretary.

SIXTH DISTRICT

San Francisco County.
John W. Cline, San Francisco, *Councilor.*

San Francisco County Medical Society

The year began with an effort on the part of the Society to prevent acquisition of the Dante Hospital by the United States Army. J. W. Cline, L. H. Garland and A. J. Rourke went to all proper lengths to save the Dante Hospital for the civilian population of San Francisco, interviewing General DeWitt, Mayor Rossi and representatives from the Office of Civilian Defense—all without success. As time has passed, it is our opinion that this effort on the part of the officers of the Society was a wise one, and that it was unfortunate that their efforts were not successful.

At almost the same time, namely, in February, 1943, Harold A. Fletcher asked for the assistance of the Society in an attempt to secure physicians for war industries. A large and extremely active committee was appointed representing the various hospitals in the community, a list of names was obtained and in many cases individuals were interviewed to determine their willingness and availability for this service. While the results were not all that could be wished, it may be said that a sincere effort was made to coöperate with Doctor Fletcher and with A. E. Larsen, Medical Director of California Physicians' Service. Progress was made in securing physicians for the various war industries.

Early in the year Doctor Fletcher asked the Society to concern itself with the problem of medical care for Negroes. A committee was appointed under the chairmanship of Russel F. Rypins and included Charles W. Barnett and Saxton Pope, who rendered outstanding service during the year by their efforts to establish a privately run clinic for the purpose of providing proper medical care for Negroes. Meetings were held with Mr. Robert Flippen, Negro Director of the West Side Housing Project, who was 100 per cent behind this type of medical care for the Negro population, emphasizing that the Negroes of San Francisco did not desire segregation or free care. This committee is still active. A clinic operated by three members of the Society was established on a private practice basis and provides care from 9:30 a.m. to 8:00 p.m.

The Hospital Liaison Committee was active. After Dante Hospital was taken over by the Army all possibilities for expansion in the remaining hospitals in the city were explored and a total of 120 additional beds thus provided. The possibilities of more rapid turnover through the coöperation of the medical men was also suggested and through the efforts of the San Francisco Hospital Conference and the Liaison Committee the bed situation has so far not become too acute.

Certain difficulties were encountered by the Emergency Medical Service of the San Francisco Civilian War Council. Drs. Anthony J. J. Rourke and Henry Gibbons, III, outlined their requirements for a smoothly running emergency medical service which was backed by the officers of your Society. Mr. Frederick J. Koster, then chairman of the San Francisco Chapter of the American Red Cross, proved to be extremely courteous and receptive to these ideas at his meetings with the Executive Committee. At his invitation, a member of the County Medical Society was chosen to sit on the Board of the Red Cross, an event which has been the desire of the San Francisco County Medical Society for several years. A special committee was also appointed consisting of Doctors Rourke and Ward for the County Medical Society, and Mr. Charles Wollenberg and Mr. Russell D. Carpenter representing the Red Cross. This Committee interviewed the various interested parties and developed a program of organization which was passed by the Society and is now being considered by the Red Cross. It is to be hoped that an amicable settlement of this matter will lead to continued cordial relations between the Red Cross and the Society, since it is to be expected that they will of necessity work together on many problems in the future.

With the advent of food rationing, doctors were soon assailed with problems of adequate diets for patients. It became obvious that some central medical agency must be provided to supervise and control the issuance of extra food rations for the benefit of the patients, the protection of the physicians, and especially since lay ration boards could scarcely be expected to determine the justice of requests from physicians for their patients. Mary Mathes was appointed chairman of a committee consisting of H. Clare Shepardson, John W. Cline and Anthony B. Diepenbrock, who have met weekly and passed upon all requests for additional rations for this district. The members of this committee deserve wholehearted thanks for their splendid efforts. So far there have been no complaints either from physicians or members of the ration boards regarding the efficient and fair manner in which this committee has handled its duties. It should be mentioned that two months after this committee was in operation, authorities in Washington wired San Francisco asking that a food committee be appointed. An entirely separate committee was appointed to satisfy the Washington request but so far as is known the latter committee has never functioned.

One of the outstanding achievements of the year has been the satisfactory functioning of the 24-hour, seven-days-a-week telephone service for supplying names of physicians to patients who have no regular physician. There appears to be great need for this service as 10,500 such calls were handled since the 24-hour service was instituted early last year.

Several times during the year the matter of opening the San Francisco Hospital to private patients was discussed. It is of course to be hoped that this eventuality can be avoided. In the event of an epidemic, however, or a great increase in illness during the winter it is entirely possible that this problem must be faced by the Society. It seems obvious that no citizen can be allowed to suffer for lack of adequate hospital facilities. Certain vexing problems, however, such as the staffing of additional beds by both medical and lay personnel become at once apparent.

The request from the American Women's Voluntary Services for the supplying of physicians for examining women sent into agricultural work was compiled with.

The Federal Children's Bureau plan for supplying medical care to the wives and infants of service men of the lower four grades was taken up at several different meetings. The aim of the plan was heartily endorsed by your Society, but the method of financing medical services was disapproved. The Children's Bureau plan calls for the payment to physicians directly for their services. Regardless of the fee involved it was thought that the individual in question should be paid and the physician reimbursed directly by the patient.

The problem of private duty nursing in hospitals proved to be a difficult one. The president and secretary met with the hospital administrators and representatives of the private duty nurses and agreed to appoint a committee to represent the views of the County Medical Society in the future disposition of this problem. This committee consists of Rodney R. Beard, chairman; Frederick H. Rodenbaugh and Verne T. Inman. So far it may be said that the policy of the County Medical Society has been to back any plan which is satisfactory to the nurses, the hospital administration and which at the same time renders adequate service to the patients in need of it.

Over the dead bodies, figuratively, of several of the members, the Society held a seventy-fifth anniversary celebration. Always alive to the possibilities of publicity, its unflagging publicity expert, Mr. William J. Losh, pointed out that the November meeting would celebrate either the ninetieth or seventy-five anniversary of the Society. After extensive research it was finally concluded that the Society had been in unbroken existence for seventy-five years and therefore the Diamond Seventy-fifth Anniversary Celebration would be proper. Largely through the efforts of Francis L. Chamberlain, chairman of the Program Committee, two very successful meetings were held at the two university hospitals on the morning of November 7 and a symposium on the future of medicine was held at the home of the Society in the after-

noon. The papers of Morris Fishbein and Anthony J. J. Rourke were published in the Society's December *Bulletin* and those of Morton R. Gibbons, Sr., and Walter H. Brown will be published in the coming issue of CALIFORNIA AND WESTERN MEDICINE.

Many other matters of interest were dealt with during the course of the year, but most of them led to no major developments and it is scarcely necessary to report them here.

Under the able direction of Curtis E. Smith the Blood Bank has continued to progress and enlarge its service to the community.

CHESTER L. COOLEY,
Secretary.

SEVENTH DISTRICT

Alameda and Contra Costa Counties.
Frank R. Makinson, Oakland, *Councilor.*

Alameda County Medical Association

The Alameda County Medical Association has carried on its usual business, including scientific meetings, in spite of the pressure occasioned by the emergency. General meetings have been held on the third Monday of each month, except for the vacation period of July and August. The scientific programs have been of the usual excellence with a number of guest speakers, doctors in the medical divisions of the United States Army and Navy, who brought us stimulating reports on medical practice in the Armed Forces. Fewer new members have entered the Association this year than usual, but this was to be expected under existing conditions. There has been a healthy growth and expansion on the part of our library, and it is interesting to note that its use was more extensive in the past year than formerly. A marked increase in interest in industrial medicine has been noted. During the year we have provided for the admission of newcomers on a temporary membership, thus eliminating the six months' waiting period without endangering the high standards maintained by the County and State Associations. This is a local arrangement, and does not affect membership in the California Medical Association or the American Medical Association, but has given us an opportunity to welcome new men, and to become acquainted with them in order that they may be evaluated for permanent membership at a later date.

GERTRUDE MOORE,
Secretary.

Contra Costa County Medical Society

The following is the report of the Contra Costa County Medical Society for the year 1943. The membership totaled fifty-six active members; the following six members being in Military service—Drs. Gaines L. Coates, H. B. Flanders, John J. Fitzgerald, Paul F. Winn, C. E. Dietderich, and E. L. Howe.

Ten meetings were held during the year, on the second Tuesday of every month; each meeting consisting of a business session and a scientific program conducted by guest speakers.

The medical care problem for the war workers and families in Richmond has become an acute one, due to the shortage of doctors, nurses, and hospital beds; but machinery has been set in motion, for the relief of the problem, through coöperation of the C.M.A.

GEORGE C. KELSO,
Secretary.

EIGHTH DISTRICT

Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Placer-Nevada-Sierra, Plumas, Sacramento, Shasta, Sutter, Tehama, Yolo, and Yuba Counties.
Frank A. MacDonald, Sacramento, *Councilor.*

Butte-Glenn County Medical Society

Due to the exigencies of the war and resulting increased duties of members, only six meetings were held during the past year. One was with the Staff of the Chico Army Air Field, four were addressed by speakers from San Francisco, and one was a talk by the president of our society, who gave his report on the California Medical Association meeting in Los Angeles, to which he was a delegate.

The attendance at these meetings was less than half of that a couple of years ago, as the men from outside Chico no longer come in. Two factors are responsible: the gasoline and tire shortage, and the increased amount of practice.

Our effective strength in membership, in Butte and Glenn counties, is only fifty to sixty per cent of what we had in past years, and the interest in the meetings has suffered as a result. With the departure of most of our young men, the older members are the only ones to attend the meetings, and they feel that rest and relaxation are the best antidotes for a hard day's work.

Twelve men from this community are in the Service Eight of these are members, and the other four ar' prospects for the future, provided they return to Chico.

The Woman's Auxiliary had several meetings and, when called upon, have given valuable assistance to our Society.

J. O. CHIAPELLA,
Secretary.

Lassen-Plumas-Modoc County Medical Society

The Lassen-Plumas-Modoc County Medical Society now has 21 members—16 active, and 5 in the Armed Service. There will be one eligible new member in the area as soon as he has been here the required length of time. As with other areas in the West, we have had an increase in population without increase of doctors. A hospital has been established at Herlong, California, to care for the personnel at the Sierra Ordnance Depot.

A meeting is to be held on March 4, 1944, in Susanville, at which time we will have an election of officers and see films on medical subjects.

J. W. CREVER,
Secretary.

Placer-Nevada-Sierra County Medical Society

Due to war conditions and restrictions regarding gasoline and tires, only two meetings were held during the 1943 calendar year:

1. A special meeting of September 4, 1943, at which time there were five members present. This was held to discuss the Federal Children's Bureau Plan for obstetric and pediatric care of wives and infants of enlisted men and also the proposed new constitution and by-laws. Dr. Frank MacDonald, of Sacramento, Councilor for the Eighth District, was present, and discussed the Federal Children's Bureau Plan.

2. The annual meeting of November 13, 1943, at which time the following officers were elected for the ensuing year: President: George A. Foster, M.D., Grass Valley; Vice-President; Paul D. Barnes, M.D., Loomis; Secretary-Treasurer: Robert A. Peers, M.D., Colfax; Delegate: William M. Miller, M.D., Auburn; and Alternate: Max Dunievitz, M.D., Auburn.

At this meeting also, the new constitution and by-laws were adopted. These were presented by a Committee consisting of Robert H. Eveleth, M.D., C. E. Lewis, M.D., and Robert A. Peers, M.D. Preparation of the constitution and by-laws was largely the work of Mr. Hartley F. Peart, and the members of the Placer-Nevada-Sierra County Medical Society wish to take this opportunity to express to him and his associate, Mr. Hassard, their thanks and appreciation for their splendid assistance, and for the fact that no charge was made.

The membership of the Society is now forty, which includes one retired member.

ROBERT A. PEERS,
Secretary.

Sacramento Society for Medical Improvement

The Sacramento Society for Medical Improvement meets at 8:30 p.m. on the third Tuesday of each month in the auditorium of the Nurses' Home at Mercy Hospital, 40th and J Streets. No meetings are held during the vacation months of July and August. Programs are arranged by a committee, and the December meeting is devoted to Society business and the election of officers for the ensuing year. No bulletin is published by the Society, but the programs of the meetings are announced on printed notices which are sent to all local physicians and other interested physicians in nearby communities. Notices of the monthly meetings are also sent to physicians in Military Service at the adjacent Army posts. The following speakers and programs were presented during the year:

January 19—Dr. Raymond Simmonds discussed the subject of "Spontaneous Subarachnoid Hemorrhage."

February 18—Dr. Edwin E. Osgood, Professor of Experimental Medicine at the University of Oregon Medical School, spoke on "Clinical Application of Sulfonamide Drugs."

March 20—The seventy-fifth Annual Banquet was held at the Del Paso Country Club.

April 20—Dr. Carl E. Burkland spoke on the "Diagnosis and Treatment of Trauma to the Genito-Urinary Tract."

May 18—The Society was the guest of Camp Kohler for dinner, following which an interesting scientific program was presented by the officers of the medical staff.

June 15—Dr. Henry M. Bockrath presented a paper on "Modern Concepts of Genito-Infectious Diseases."

July 20—A special meeting of the Society was held for a program on "Chemical Warfare," the speakers being Dr. Chamberlain and Dr. Bennett of the University of California.

September 22.—Dr. Horace McCorkle, Assistant Professor of Surgery, University of California Medical School, presented a paper on "The Regulation of Fluid Therapy in Surgical Cases."

October 19—"The Treatment of Menorrhagia" was the subject for discussion by Dr. Daniel G. Morton, Associate Professor of Obstetrics and Gynecology, University of California Medical School.

November 16—Lieutenant Commander J. C. Moloney, M.C., U.S.N.R., gave a talk on the "Cornelian Corner."

December 21—Annual Business Meeting of Society with election of officers.

The Society has a membership of 174, a gain of 7 members during the last year, of which 45 are in the Armed Services. One member, Dr. W. F. Lowe, died in 1943.

The Society approved the principle, but condemned the method of administration of the Federal Emergency Maternity and Infant Care Program, and in August advised all parties concerned that the members of the Sacramento Society for Medical Improvement would not participate in the plan as originally devised after January 1. The Society favors the payment of any Government funds directly to the patient as an allotment, and feels that any other plan is undesirable, and a form of socialized medicine. It was felt that the filling out of numerous forms, and the requirement that the Doctor get "permission" from some Bureaucrat for the various so-called "special services" could not be tolerated. A committee, appointed by the President, devised a single simple form eliminating all bureaucratic interference. In protest against the Federal Plan the members are refusing also to accept payment from the Federal Government or from any other source for professional services rendered to patients certified for these benefits. Pending further attempts to have this money given to the patient as an allotment, the Society's plan is operating with the coöperation of the local hospitals and local and State Health Departments, and the patients are being given excellent and efficient service gratuitously by the Doctor.

CARL E. BURKLAND,
Secretary.

Shasta County Medical Society

The Shasta County Medical Society has a total active membership of 17. Eight others are in the Army. During the year 1943 one of our oldest and most esteemed members, Dr. Ferdinand Stabel, passed away; two new members were admitted; two members transferred from the Society.

The Society meets regularly the second Monday of each month, except during June, July, and August.

There is no unusual shortage of doctors, except in the specialty of eye, ear, nose and throat. The nurse shortage is acute and serious. By shortening the period of hospitalization as much as practical, there is an adequate number of hospital beds at this time.

Our chief community problem relates to the establishment of a Public Health Department for the City of Redding and Shasta County. A coördinator is needed very much.

JOHN E. KIRKPATRICK,
Secretary.

Tehama County Medical Society

The Tehama County Medical Society has an active membership of seven physicians, and the meetings are held either in Red Bluff or Corning at the call of the President, Doctor F. L. Doane. Doctor O. T. Wood is now serving as Lieutenant in the Navy and Doctor R. I. Thompson is in defense work in England. Doctor E. R. Wilson, formerly of Indianapolis, has been elected a member of the Tehama County Medical Society. Our local hospitals have just about been able to take care of the necessities of the community. All the medical men are coöperating fully in respect to all the local defense problems, and in Public Health and School meetings.

R. G. FREY,
Secretary.

Yolo County Medical Association

During the past calendar year the Yolo County Medical Society has continued to be very active. We have been fortunate to obtain unusually good speakers for our programs and our attendance has been very good. The meetings have consisted of a scientific discussion on each occasion. The speaker, without exception, has given an interesting and worthwhile address. Our total number of active members at present is sixteen, while the number of members in the Military Service is twelve.

The medical care of the imported farm laborers was one of our greatest medical problems and was quite similar in 1942. Approximately 1700 Mexican Nationals and 450 Navajo Indians were imported into our county. The medical expenses for both groups were borne by the Agricultural Workers' Health and Medical Association. Both groups speak little or no English; thus the language difficulty is a real problem. In addition to the above, there was an influx of about 3000 migratory workers.

The Society has contributed, as a group, and many members have contributed additional funds individually to the National Physicians' Service.

EMERY LEIVERS,
Secretary.

Yuba-Sutter-Colusa County Medical Society

Nine regular meetings, two of which were luncheon affairs, as well as several special sessions, of the Yuba-Sutter-Colusa County Medical Society, were held in 1943. The regular meetings were on the second Wednesday of each month in the Hotel Marysville in Marysville. No meetings were held in July, August, or September.

Dr. F. P. Wisner served as Program Chairman, and many excellent programs of scientific and educational interest were presented. Notices of the meeting were sent regularly to the medical officers of the station hospital at Camp Beale. Speakers at the meetings were from the staffs of the University of California or The Stanford Lane Hospitals. The members of the Society also attended several medical meetings at Camp Beale.

The roster of active members now numbers sixteen. Twelve members are in the Armed Forces. One new member, Dr. R. Frantz, public health officer, has been added since last year. Death took Dr. E. E. Gray, well-known and esteemed as a physician who practiced for thirty years in this area.

HARRY H. CLEMENS,
Secretary.

NINTH DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma, and Trinity Counties.
John W. Green, Vallejo, *Councilor.*

Humboldt County Medical Society

For the year 1943, the Humboldt County Medical Society had a paid up membership of twenty-five. Dr. Ernest Gianotti, of Scotia, was our only new member for the year. We lost one member, Dr. M. P. Huff, by transfer. One of our old members, Dr. E. J. Hill, was claimed by death. Two members were dropped for nonpayment of dues. Dr. Howard Finke, of Crescent City, volunteered for active duty with the Medical Department of the U. S. Navy. Dr. Lloyd B. Lawton, who has taken over the full-time position as a medical director for the Humboldt County Community Hospital, is transferring his membership here from Yuba County.

We were able to get outside speakers for only three meetings during the year because of our remote location and because of transportation problems. At the other meetings, local professional and business problems were ironed out. The marked increase in industrial cases, and the care of new families brought here by the shipyards were finally worked out and the local doctors were able to meet the situation without calling on the Public Health Service or the Procurement and Assignment Committee for help.

Dr. C. C. Falk, Sr. (one of our Grand Old Men in medicine), consented to serve us as president during the year 1943, after having finished out the latter part of 1942, when we lost three consecutive presidents to the Armed Forces.

The cancer, heart and tuberculosis educational campaigns were carried out in conjunction with the Woman's Medical Auxiliary.

Because of the marked influx of population there has been many instances of bed shortages in the private hospitals. However, beds were available in the County Hospital and some private patients had to be sent there. The increased industrial use of former indigents and unemployables has caused a marked decrease in the number of patients at the County Community Hospital. There

has been quite a shortage of nurses, and it has been necessary to use many practical nurses to supplement the services of our registered nurses. Plans are on foot for starting a local training school for nurses in conjunction with Humboldt State College.

Humboldt County has had a prepayment health and hospital plan, run by organized labor, for over thirty years. In addition, some of the large lumber companies employ a "company doctor" to look after the health of their workmen. However, none of these systems have provided care for wives and children of the laborers, and they do not offer free choice of physicians.

Because this community is receptive to prepaid health plans, and because of the large proportion of workers, this is a fertile field in which to sell California Physicians' Service. The Fortuna teachers, the State employees and a few other groups have bought California Physicians' Service, but there has never been any attempt here to sell this service to the people.

J. S. Woolford,
Secretary.

Marin County Medical Society

The Marin County Medical Society had a very satisfactory year in 1943. At present the membership is 33. Three new members were accepted by transfer. Nineteen members are in the Army and Navy. One member received a medical discharge from the Army, and in turn was given a transfer out of the Society. We have not had any losses this past year by death.

The Society held eight meetings during the year, with an average attendance of 22. This was very good considering the rush of work. Two joint meetings were held with the Auxiliary. Good speakers were obtained from San Francisco, and this kept the Society alive and active. A feeling of coöperation has continued to exist.

The doctors have all been very busy, but have done their work without complaint. The nursing situation has been somewhat discouraging. There have not been enough nurses to do general duty, and specialists have been at a premium. The prospect for improvement in the future is dark.

The two hospitals in the county are always crowded, and there is always a waiting list. The obstetrical patients have often been sent home on the third day after delivery to make room for another who needed the bed immediately.

Carl W. Clark,
Secretary.

Mendocino-Lake County Medical Society

During the year 1943 there were nineteen members in the Society. In addition, there are now ten members in the Armed Forces. Our last meeting, well attended, was of vital interest, since there was a discussion of "poliomyelitis," at the height of the epidemic in Northern California.

Louise E. Petty,
Secretary.

Napa County Medical Society

Business and scientific speeches were held approximately every other month during the year 1943.

There was considerable discussion at several meetings regarding the care of wives of men in the Service. The consensus of opinion was that, regardless of the method more or less arbitrarily instituted by Washington, these patients should be cared for and would be cared for by our members, but every effort would be made to induce a different method by which our members would be compensated.

A considerable problem resulted due to the influx of Mexican Nationals who are being used as agricultural workers. It was voted that the men in private practice in our county should accept the care of these laborers when called upon to do so.

The annual meeting of the Society was held at Yountville, November 3, 1943. The guest speaker was Doctor William J. Kerr, Professor of Medicine, at the University of California. The following officers were elected: President, C. H. Bulson; Vice President, Charles Calkins; Secretary and Treasurer, M. M. Booth; Delegate, Dwight H. Murray; and Alternate R. C. Burkett.

It should be mentioned here that Doctor Charles Bulson, the newly elected president, has just completed his fiftieth year in the practice of medicine.

The dues of the Napa County Medical Society were voted to be increased to twenty-five dollars a year at the meeting held on December 8, 1943.

At the above stated meeting we had a discussion as to whether we should have a representative at the National Capital. Dwight H. Murray, Chairman of the Legislative Committee, reported that eleven western state societies would be represented at a meeting in Salt Lake City to discuss the question of developing an information bureau in the National Capital in order that members of the National Congress could have immediately available information regarding legislation that involves medical problems.

Members of our organization are serving in the Armed Forces as medical officers in almost every theater of war. The members at home in active practice are, we believe, satisfactorily carrying on and rendering proper service to our respective communities.

M. M. Booth,
Secretary.

Siskiyou County Medical Society

Due to the limited membership in this county unit, the number of colleagues who have gone into Military Service, and also because of the great geographical area this County of Siskiyou covers, it has not been possible to maintain the regularity of meetings during the last year.

However, the members of the county unit who are still in civilian practice maintain their contacts and so far as immediate needs are concerned, are safeguarding the best interests of the profession.

F. W. Martin,
Secretary.

Solano County Medical Society

The following is a review of activities of the Solano County Medical Society for the year 1943.

Solano County now has 71 licensed physicians and surgeons, of whom there are, as active members of the Solano County Medical Society: in practice, 41; in Armed Forces, 5; in public health work, 2; in full time CPS work, 8; in full time school work, 1; in medical administration, 2; retired, 5.

On January 12, 1943, Drs. W. E. Carter, Herbert F. Traut privileged us as guests. Dr. H. F. Traut spoke on the topic, "Sulfonamides in the Treatment of Infection in the Female Pelvis."

On February 9, 1943, Dr. Karl Bowman spoke to the Society on "Treatment of Alcoholism."

March 9, 1943, Dr. Edwin Bruck presented "Clinical and Pathological Observations in Coronary Disease," to the Society.

On April 13, 1943, Dr. Randolph Flood delivered an address on the subject of "Infectious Diarrhea in the New Born."

May 11, 1943, Dr. Henry Brainerd, of the University of California Medical Staff, spoke on the "Practical Use of Sulfonamides."

A special meeting was held May 25, 1943, at the Vallejo Health Center, for the purpose of considering the operation of CPS in our area.

On June 8, 1943, the members of the Solano County Medical Society were the guests of Capt. J. P. Owens and Staff, of the U. S. Naval Hospital, Mare Island, and were entertained with a wonderful dinner and a very instructive program of war reconstruction work now being performed at this hospital.

On July 13, 1943, Dr. Francis L. Chamberlain spoke on the "Recent Advances in Treatment of Heart Disease."

On July 29, 1943, the annual Four-County Medical Meeting was held at the Sonoma Golf Club, with Sonoma County acting as host.

August 3, 1943, twenty-four members of the Solano County Medical Society attended a special meeting, the purpose of which was to bring together the various interests instrumental in originating and promoting the idea of a new hospital in Vallejo, and its designing, planning and construction; joining the representatives of the City of Vallejo who will open and operate the hospital, in conjunction with physicians who will be responsible for professional services to be rendered.

On the evening of August 10, 1943, twenty members of the Society had the privilege of listening to Dr. Morton R. Gibbons, Medical Civilian Defense Officer for Northern California, and his staff, who presented an outline of the use and control of gas in warfare.

On the evening of September 14, 1943, members of the Society, together with the following guests: Dr. A. E. Larsen of C.P.S., Mr. Kelly of C.P.S., Dr. L. Gries and Dr. A. E. Pennes of U.C. Staff, met at the Astor House, for dinner, following which urgent matters of business were considered.

On October 12, 1943, Dr. Percy S. PeLouze addressed the Solano County Medical Society on the topic, "New

Aspects of the Diagnosis, Treatment and Control of Gonorrhea."

On October 19, 1943, a special meeting of the Solano County Medical Society was held at the Vallejo Health Center. Dr. Cary A. Snoddy presiding. The program embodied reports on Federal Children's Bureau maternity-pediatric plan.

On November 9, 1943, Dr. L. F. Hawkinson addressed the Society on "Endocrines in General Practice." The talk was illustrated with lantern slides.

On December 14, 1943, members and guests met at the Astor House for a social evening. Dr. John Green acted the part of Santa Claus and distributed presents from the Josh Christmas Tree.

The shortage of doctors is being partially met by doctors brought into Vallejo by C.P.S. There is still a great shortage of nurses. The hospital bed shortage will be met with the opening of The Vallejo Community Hospital, two hundred and fifty beds. The hospital will be open on or about March 20, 1944.

California Physicians' Service has had a full year of activity, many problems have been solved, and the financial situation changed from bankruptcy to a full two-fifty unit.

CHARLES H. WIDENMANN,
Secretary.

Sonoma County Medical Society

The Sonoma County Medical Society membership is now 73. During the year there were seventeen members serving in active duty in the Armed Forces of our country. There were six new members taken into the Society during the year. No members resigned. One member was deceased.

Meetings of the Society were held regularly each month on the second Thursday. The regular meetings always included special speakers on timely subjects of medical education. One special business meeting was held prior to the annual meeting of the California Medical Association. In July the Society met in joint meeting with the Societies of Marin, Napa, and Solano County at a special symposium on the Treatment of Burns, at the Mare Island Naval Hospital, at Mare Island. In August the Sonoma County Society was the host Society to a 4-County meeting held at the Sonoma Mission Inn Golf Club, and included the Societies of Sonoma, Napa, Marin, and Solano. Dr. Karl Schaupp, President of the C.M.A., was the principal speaker of the evening and discussed important problems before the C.M.A. Dr. George Kress and Mr. Ben Reed also spoke. The October meeting was held with the Councilor, Dr. Green, of Vallejo, and Dr. Dwight Murray, Chairman of the Legislative Committee of the C.M.A., who brought to the Society interesting information on the Murray-Wagner-Dingle Bill and other important subjects confronted by the C.M.A. The November gathering was a joint meeting with the County Medical Society and the Medical Staff of the Sonoma County Hospital, and consisted of a program of special cases presented by the Staff of the Hospital and also an educational talk by Dr. Glenn Bell, Associate Professor of Surgery, at the University of California.

One of the projects during the year was the establishing of an office of the C.P.S. in Sonoma County and the introduction of C.P.S. surgical policy for the people of Sonoma County.

E. D. BARNETT,
Secretary.

MEDICAL EPONYM

Poncet's Disease

Antonin Poncet (1849-1913), professor of surgery at Lyon, published a paper, entitled "Faits de polyarthrite tuberculeuse simulant des lésions rhumatismales chroniques déformantes [Tuberculous Polyarthritis Simulating the Lesions of Chronic Deforming Rheumatism]" in *La lancette française, gazette des hôpitaux civils et militaires* (70:1219, 1897), a portion of which is translated below:

"On very careful examination it is seen that we are dealing with a deforming polyarthritis of tuberculous nature. It is a bacillary bony manifestation, usually in young subjects. It may be seen in older persons and then is difficult to distinguish from chronic deforming rheumatism."—R. W. B., in *New England Journal of Medicine.*

MEDICAL EPONYM

Schmorl's Disease

Dr. Christian Georg Schmorl (1861-1932), discussed "Ueber-Dehnungs-und Zerreissungsvorgänge an den Bandscheiben und ihre Folgen. [Events Preceding Expansion and Rupture in the Menisci and their Results]" at the twenty-second session of the Deutsche Pathologische Gesellschaft in Danzig, June 8 to 10, 1927. A report of his presentation may be found in the *Centralblatt für allgemeine Pathologie and pathologische Anatomie* (40: 244-246, 1927). A portion of the translation follows:

"The normal turgor of the menisci may thereby so injure the spongiosa of the vertebral bodies as to lead to an abnormally marked indentation of the menisci. This is particularly the case if the spongiosa has deteriorated as the result of disease of the bone substance or the marrow, and its weight-bearing capacity damaged. . . .

"Under normal conditions also an injury to the spongiosa may result from the pressure due to turgor. This injury may be especially observed in young persons in whom endochondral growth is in process of conclusion or indeed has ceased. The injury is here limited to the region of the nucleus and is most probably to be attributed to a deterioration of the cartilage plates. . . .

"As a result of the indentation of the menisci there takes place an extension and thinning of the cartilage plates. Finally, excessive expansion, characterized by the formation of delicate fissues and rupture, occurs, usually in the nuclear region on both surfaces of one and the same meniscus at symmetrically located points. . . .

". . . . cavities of greater or lesser size arise in the spongiosa. . . .

Cartilaginous nodules appear, which frequently lie at symmetrically situated points of the two surfaces of the menisci."—R. W. B. in *New England Journal of Medicine.*

MEDICAL EPONYM

Cushing's Disease

Dr. Harry Cushing (1869-1939), professor of surgery at Harvard Medical School, first described the disease in a paper entitled "The Basophil Adenomas of the Pituitary Body and Their Clinical Manifestations (Pituitary Basophilism)," which appeared in the *Bulletin of the Johns Hopkins Hospital* (50:137-195, 1932.) After discussing twelve cases, he concludes:

. . . A polyglandular syndrome hitherto supposed to be of cortico-adrenal origin characterized in its full-blown state of acute piethoric adiposity, by genital dystrophy, by osteoporosis, by vascular hypertension, and so on, has been found at autopsy in six out of eight instances to be associated with a pituitary adenoma which, in the three most carefully studied cases (Cases 6, 7, 10), has been definitely shown to be composed of basophilic elements, the lesion in one instance (Case 7) having been clinically predicted before its postmortal verification.

While there is every reason to concede, therefore, that a disorder of somewhat similar aspect may occur in association with pineal, with gonadal or with adrenal tumors, the fact that the peculiar polyglandular syndrome, which pains have been taken herein conservatively to describe, may accompany a basophil adenoma in the absence of any apparent alteration in the adrenal cortex other than a possible secondary hyperplasia will give pathologists reason in the future more carefully to scrutinize the anteropituitary for lesions of similar composition.—R. W. B., in *New England Journal of Medicine.*



BILTMORE HOTEL
Headquarters Hotel, 515 South Olive, opposite Pershing Square, Los Angeles

LOS ANGELES
Some Highlights in Its History

(Continued from Page 151)

ever, little difference was noted at "El Pueblo de Los Angeles" where Mexican authority followed, when Spanish domination ended. It was really only a change in name.

The beginning of the American period cannot properly be traced to a single date or incident. The Treaty of Cahuenga, the signing of which took place at Cahuenga Pass, near Hollywood, between Andres Pico and John C. Fremont, January 13, 1847, ended hostilities in California and made clear the claims of the United States which were settled at Hidalgo, Mexico, the following year. The events leading to these treaties are of great importance in early Los Angeles history.

But this garrison of fifty soldiers left at Los Angeles was insufficient to insure what otherwise might have been a bloodless conquest of the region.

Then, from out of the desert, came a new figure of importance, General Stephen W. Kearny, marching with his victorious army from the Texan campaign. At the border he had been met by Kit Carson with news of earlier victories in California. Because of this good news, Kearny sent back to the "States" all but 121 of his men. Luckily, however, with the aid of reënforcements sent by Stockton, Kearny with his remaining force reached San Diego where plans were made to march on Los Angeles—the last Mexican stronghold in California.

Marching across the hot barren desert, his weary-worn soldiers little expected the surprise attack from the elated Angelenos at San Pasqual, where thirty-seven Americans were killed and wounded in a bloody battle.

A long tedious march to Los Angeles concluded the campaign; little resistance being made by the Californians. In January, 1847, Kearny entered the city after a skirmish at La Mesa, where hardly a shot was fired. Two days later Fremont entered Los Angeles from the north after having signed the treaty of Cahuenga which brought the city under a new government, the United States of America.

During all of this period Los Angeles was a very small town, with unpaved streets and no means of communication other than the stagecoach and pony express rider. In 1860 the first telegraph line came to the city. In 1868 the first bank was opened. In 1869 San Pedro and the harbor-to-be, were connected to the city by rail.

FIRST FIVE YEARS OF C.P.S.

Early Development Stages

C.P.S. was actually organized at a special meeting of the House of Delegates in December, 1938, and the official incorporation took place on February 2, 1939. The period from December, 1938, to July 1, 1939, was used by the Trustees in arranging details of organization, such as the legal requirements for incorporation, devising of by-laws, rules and regulations, the election of administrative members and the enrollment of professional members.

As of July 1, 1939, approximately 4,500 professional members had indicated their willingness to render their services under the C.P.S. plan. Legal counsel had prepared contract forms to be used in the enrollment in groups of beneficiary members, and on July 15, 1939, the first group (the employees of J. W. Stacey, Inc., of San Francisco) was enrolled and C.P.S. was in business.

In addition to the small office staff which already existed, field representatives were employed to solicit the enrollment of groups of beneficiary members. The first offerings to groups were the so-called "full coverage" medical service memberships in C.P.S. to the members of the groups already enrolled for hospitalization benefits under the three Hospital Service Plans of California.

During this period, individual Trustees assumed direct responsibility for day-to-day management of C.P.S. affairs. Dr. Alson Kilgore, in his capacity as Secretary and Treasurer of the corporation, Dr. Morton Gibbons, Sr., in his capacity as Medical Director, Dr. E. Vincent

Askey, in his capacity as Medical Director in the Southern Area, and Dr. T. Henshaw Kelly, in his capacity as Assistant Secretary-Treasurer and Chairman of the Executive Committee, gave most generously of their time and effort without thought to compensation or concern over the resulting neglect of their own personal welfare. They continued to carry all these responsibilities personally until May, 1940, at which time partial relief was afforded by the employment of Dr. A. E. Larsen on a half-time basis, which was later extended to the employment of Dr. Larsen in a full-time capacity on June 1, 1941, as Executive Medical Director.

Public Reaction to Prepaid Medical Care and Effects Thereof

Although preliminary surveys seemed to indicate a great interest on the part of the public in the development of a prepayment medical service plan, C.P.S. has found that the problem of enrollment of groups is not simple, and that continued increase in membership is secured only after great effort, and at considerable expense. On many occasions, more positive and optimistic expressions of support from professional members would have helped to lighten the burden of enrollment. Many large groups on which considerable effort had been expended were lost to C.P.S. when the employer or some prospective beneficiary called his own personal physician and received a luke-warm reply or a negative report.

Administrative costs have been disproportionately high throughout these five years and will very probably continue to be high until the public can be persuaded into enrollment in large numbers and until the professional member can recognize the necessity for his strong support of C.P.S.

In spite of the many difficulties, however, C.P.S. has grown in size slowly but steadily. It has passed through stages of experiment and adjustment in each of the several forms of membership that have been offered. The original full coverage was found to be economically unsound, and it was modified into a plan which requires the patient to pay the costs of the first two visits. This latter plan, with certain additional limitations and modifications in its benefits, has much more nearly paid its way. The new surgical plan, under which the dependents of the employed person may be enrolled, has also contributed to general improvement in the financial solvency of C.P.S.

C.P.S. Activities with Federal Government Agencies

The program for low income farm families, which was first undertaken in the beginning of 1941, has passed through several stages of modification and change, and now appears to have arrived at an economically sound balance between benefits to the beneficiary and benefits to the professional member.

The emergency program undertaken for the residents of War Housing Projects has also passed through violent stages of modification and change, and during the last three months, by reason of modification of benefits and greater interest in the day-to-day management by local professional members, the program seems to be well on its way toward a reasonable balance.

Rate of Growth

Starting from scratch in July of 1939 with a small office and field organization of approximately fifteen employees and a total income which was less than the administrative expenses in December of 1939, C.P.S. has now grown to an administrative organization of over fifty employees with two main offices, located in San Francisco and Los Angeles, and seven additional district offices, and to an enrollment of approximately 100,000 persons covered in all programs and a total gross income of approximately $1,250,000 a year.

Although the rate of growth has been slow compared to the growth of medical service plans in some other states, it may be just as well that C.P.S. did not reach great numbers of the population until it had an opportunity to test its experience and make adjustments in its programs accordingly. To the difficulties of experimenting in this unknown field of prepaid medical service costs there have been added the burdens resulting from the abnormal war conditions. These have upset all our normal plans of enrollment and have created a violent turnover in our membership through displacement of normal employment, thereby further increasing our acquisition and other administrative costs.

Unit Value

The unit value of compensation to professional members has not yet reached its par value, in spite of the modifications and efforts toward improvement. However, the unit value has been raised to $1.75, beginning with the month of February, 1943, which was the highest in C.P.S. history up to that time, and it has been maintained at that level through October. For November, 1943, the Trustees have raised the unit value of $1.90, a new high level, with possibilities of a further increase in the reasonably near future. (In March, 1944, the unit value was $2.00.) Although unit value is not the sole measurement of successful operation in C.P.S., it must receive full consideration. The efforts of the Trustees are continuous toward the objective of full compensation to the doctor, and whatever changes are necessary to bring this about will be made, as they have been in the past, when the Trustees are in possession of sufficient information to guide their policy.

Influence of C.P.S. on Development of Prepaid Medical Care Plans

In these five years, California has done more than operate its own California Physicians' Service. By virtue of the existence of C.P.S., California has influenced the medical profession in every other State to a greater or lesser degree of activity in this direction. The C.P.S. administrative organization has received repeated inquiries from state medical societies of almost every State in the Union, and the influences of C.P.S. pioneering in this field can be seen in the development of medical service plans controlled by the medical profession which are developing throughout the country as a whole. The efforts of the medical profession, through C.P.S., have without question influenced both state and national legislative representatives. Many writers for magazines and newspapers of wide circulation throughout the country as a whole have been commissioned by their publications to come to California and study the C.P.S. plan. Inquiries regarding the workings of C.P.S. have been received from as out of the way places as Tel-Aviv in Palestine, the Panama Canal Zone, the headquarters of the Brazilian Government, etc.

The value effectiveness of C.P.S. cannot, therefore, be calculated in terms of its present unit value or its present size in membership. It is rather to be judged on its ability to influence the development of the medical care plans of the future, and upon its ability to meet the urgent problems of the present. C.P.S. can be a most valuable instrument in preserving the traditional pattern of American medicine for the sake of the men in the Armed Forces, both doctors and civilians. From the doctors in the Armed Forces particularly, C.P.S. continuously receives the plea to "hold the fort," to the end that they may return and find the kind of world they have been risking their lives to maintain. (See pp. 209 and 227.)

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Editorial Board

Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C. M. A. department, see index below.)

Committee on Publications

F. Burton Jones	Vallejo	1944
Francis E. Toomey	San Diego	1945
George W. Walker (Chairman)	Fresno	1946
Secretary-Editor	ex officio	

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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

"PRE-CONVENTION BULLETIN" REPORTS: ANNUAL SESSION, MAY 7-8

Reports of Officers and Committees Should be Scanned.—In busy days, such as of the present, it may not seem quite in order to suggest that members take time to scan the many reports appearing in the "Pre-Convention Bulletin" of the current issue of C. & W. M. Nevertheless, it is possible that these reports may be more worthy of inspection by physicians than are some articles read from day to day in community publications. For, if newspapers of any California community contained items having direct bearing on future incomes or modes of doctors' living, then, no doubt, interest would be manifested at once; and members of the medical profession,—in hospital rooms and elsewhere,—would call the attention thereto, of their colleagues.

Yet, some of the articles in the "Pre-Convention Bulletin" discuss matters of precisely such intimate nature regarding the future well-being of physicians and their families.

At the Annual Session of the California Medical Association, which will convene in Los Angeles on Sunday, May 7th, these and related matters will be submitted to the House of Delegates, and members of that body will be called upon to formulate policies that are sure to affect the mode of practice of California physicians in the days to come.

* * *

Some Items of Special Importance.—Members of the Association should understand the significance of this fact that their welfare, professionally and otherwise, is involved in some of the policies to be considered; and if they are wise, they will naturally wish to inform their local representatives in the C.M.A. House of Delegates concerning whatever personal opinions they hold on some of the matters at issue.

To call attention to several items that are on the agenda:

(a) Bureau of Medical Information in Washington, D. C.:

Because the Council of the California Medical Association feels that, in recent years, the interests of medical practice and the public health have not been adequately represented at Washington, D. C., by our national organization,—the American Medical Association,—the California Medical Association, in conjunction with five other state

medical societies, has deemed it best to establish at the national capital (through support of the "United Public Health League"), a bureau of information by which will be made available to legislators, physicians, and others such information and advice as will, presumably, best promote the public health interests of the Nation; with which, of course, the welfare of the medical profession is intimately connected, as least in so far as California is concerned.

California physicans have had years of experience with their Public Health League, and know the difference between an operative, militant and constructive organization, and one of merely well-meaning or token type.

Present outlook indicates that the action taken by the Council will receive the approval of the House of Delegates of the California Medical Association.

However, if there be those who are opposed to the projected program, now is the time to so indicate. After the die is cast, protests may be of little avail.

Wherefore, every member of the California Medical Association should ask himself where he stands in relation to principles and procedures such as the above.

(b) California Physicans' Service and the Three Hospitalization Organizations of California:

For five years now, and through actual experience, the members of the California Medical Association have been learning more and more about the trials and tribulations of a statewide medical service plan,—even though it may have been established with the best motives, to make possible the provision of adequate medical care to citizens of the lower income groups of the State.

C.P.S. was sponsored by the California Medical Association, and is its child; even though, up to the present time, it has seemed desirable to have it maintain its independent corporate authority.

To bring California Physicians' Service into existence, the California Medical Association loaned C.P.S. $42,000, of which amount, $7,000 has been repaid; the registration fee of the doctors of professional members added some $30,000; the professional members—through use of a unit system of payment for professional services rendered,—acting as the financial underwriters of C.P.S. In this last mentioned capacity, since the unit has not yet come up to its initial ideal value of $2.50, physicians (the professional members) in their function as fiscal underwriters, have already contributed a total of $1,350,000 to the project, in this effort to provide adequate medical care for all citizens of California, thus demonstrating the unselfishness of members of the medical profession.

Fortunately, the C.P.S. unit has now been brought up to a $2.00 value; a fee that is more in line with the actual cost to physicians for the services they render to beneficiary members. And it is heartening, to know that the value will be increased in the months to come, so that it is possible the initial or tentative unit of $2.50 may become operative.

Because it is desirable that we be frank with ourselves concerning this Service with which all physicians of California should be concerned, further comment is submitted concerning nonprofit, prepayment medical care and hospitalization plans now existing in California. Therefore, it may be stated that the original objectives of a statewide service cannot be attained in satisfactory manner in California, if four nonprofit medical and hospitalization organizations aim to carry on the work in so large and diversified a State; each working independently, instead of as one harmonious entity. Efforts have been made to have these four organizations approve an harmonious fiscal and other regrouping, but to date, the conferences have not been rewarded with great success. For reasons which will be explained at the annual session, the C.M.A. Council has felt that joint action for real coöperation may not much longer be delayed. Accordingly, at its meeting on March 5, 1944, the Council adopted resolutions that will place the determination of future action up to the House of Delegates. The minutes of the 315th meeting of the Council, (Item 10 on page 216) appearing in this issue, give further information. The resolutions should be read.

It is to be hoped that whatever policy may be agreed upon in Los Angeles, will make for the best possible service to citizens for whom the C.P.S. plan was brought into existence; and that it will also redound to the best interests of the medical profession and the public health.

(c) Public Relations Survey:

Information concerning the illuminating observations and facts collected and compiled in the Public Relations Survey of California,—made in November last by Foote, Cone and Belding,—have been sent to members of the C.M.A. House of Delegates. Suggestion is offered that the delegates and alternates give the same careful consideration, and then discuss with colleagues the facts brought out in the Survey. The information is of a semiconfidential nature until such time as officially released. In the meantime, all members of the Association should confer with local delegates and alternates, and acquaint themselves with the significance and implications of the facts that have been garnered in this recent and important survey of public opinion in California.

(d) Other Reports in the "Pre-Convention Bulletin":

Delegates and members of the Association who wish to orient themselves concerning other matters that will come up for consideration at the Annual Session on May 7-8, should also take the time to scan the Reports of Officers, Committees and Component County Societies, which appear in this current issue of C. and W. M., in the portion allocated to the "Pre-Convention Bulletin".

On all sides, it is conceded that the social order

of the United States is undergoing a change. Medical practice and physicians will not be exempt therefrom. It is important, then, that medical-care guidance shall remain under the supervision of those best fitted for the task, namely, the members of the medical profession. If physicians fail to meet their responsibilities in these matters, the time may not be far distant when they and the public will be taking their instructions concerning medical care from, none other, than political supervisors.

Grant that such a sad state of affairs may never come to pass!

SEVENTY-THIRD ANNUAL SESSION: LOS ANGELES, MAY 7-8, 1944

In its current issue California and Western Medicine presents the programs of the two-day, streamlined annual session of the California Medical Association, to be held in Los Angeles on Sunday-Monday, May 7-8, 1944. This year, due to the increased work now falling upon physicians in civilian practice, and because of the difficulty of securing transportation and hotel accommodations, it follows that the attendance of C.M.A. members who do not reside in Los Angeles or its environs, will not be as large as formerly.

The annual session should, nevertheless, be a successful gathering, for the California Medical Association will be convening in the home of a component county medical society that has some 3,000 members,—a membership larger, indeed, than that possessed by many constituent state medical associations. Many fellow-members in Los Angeles will be present, and, with colleagues from other sections of the great State of California, will no doubt make this 73rd annual session measure up to standards set in years gone by. Headquarters will be in Hotel Biltmore, one of the few such establishments in America that, at one and the same time, is in position to provide ample meeting accommodations for sixteen groups (House of Delegates, thirteen Scientific Sections, Council, and Woman's Auxiliary).

Technical or commercial exhibits will not be in evidence, and, this year, scientific exhibits will also be lacking. However, in spite of these absent features, there will be excellent scientific programs: two general sessions on Sunday and one on Monday; while, on Monday afternoon, thirteen groups of physicians interested in the specialties, will present their programs.

The House of Delegates will convene promptly at 12:00 o'clock noon on Sunday, to formally constitute its organization; will recess for luncheon and reassemble at 1:30. On Monday, the House will convene at 12:00 o'clock noon, thus observing the 24 hour interval that must elapse between the first and second meetings of the House, as required by the Association's by-laws.

Inspection of the minutes of the 315th meeting of the Council, held on March 5, which appear in this issue, will reveal the importance of some matters that must be considered by the House of Delegates, and members are urged to confer with their delegates and alternates, and advise on best courses of action.

An urgent invitation, therefore, is expressed that all who can arrange schedules for attendance, will make an effort to be present at this 73rd annual session of the California Medical Association.

EDITORIAL COMMENT†

TRANSFORMATION OF PNEUMOCOCCI

In 1928 Griffith[1] found that mice injected subcutaneously with a small amount of a living, unencapsulated R culture of type II Pneumococcus, together with a large dose of heat-killed type III (S) cells, frequently succumbed to infection, the heart blood yielding a pure-culture of type III Pneumocci. Since his R strain was wholly avirulent and the heated suspension contained no viable organisms, this was convincing evidence that growing under the experimental conditions the unencapsulated R cells acquired the virulence and capsular structure of type III Pneumococci.

This in vivo type transformation was subsequently confirmed by other investigators,[2] after which Dawson and Sia[3] succeeded in inducing similar transformations in vitro. This they accomplished by growing noncapsulated R cells in a fluid medium containing anti-R serum and heat-killed encapsulated type III cells. Alloway[4] was afterwards able to cause a similar in vitro transformation by using sterile extracts of type III cells from which all formed elements had been removed by Berkefeld filtration. He thus showed that the crude extract contained a "transmissible mutagen"[5] capable of inducing a new type of capsule formation in pneumococci, the new capsule being of the same specificity as that of the heat-killed cells from which the extract was obtained.

Isolation and identification of this type-specific "transmissible mutagen" are currently reported by Avery[6] and his co-workers of the Rockefeller Institute. As a preliminary to attempted isolation of this mutagen the earlier in vitro technique was standardized and adapted to titration methods. An unencapsulated R strain of type II Pneumococci was selected as the organism to be transformed. This organism had lost both its original virulence and type-specificity. The source material for the transforming "mutagen" was sedimented bacteria from 16 to 18 hour mass broth cultures of type III Pneumoccocci. These cultures were killed by heating to 65 C. for 30 minutes. The heat-killed cells were washed three times to remove large excesses of capsular polysaccharid, and afterwards

† This department of California and Western Medicine presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

extracted for 30 to 60 minutes in 0.5 per cent sodium desoxycholate saline solution. The resulting clear extract was precipitated by the addition of 3 to 4 volumes of ethyl alcohol. The initial precipitate was in the form of a fibrous mass floating to the surface of the alcohol, from which it could be lifted out with a spatula.

This initial crude product was deproteinized by the Sevag[7] chloroform method and freed from capsular polysaccharide by the addition of the Dubos bacterial enzyme.[8] This enzyme has the property of hydrolyzing type III capsular material. The resulting digest was again deproteinized to remove the added enzyme protein, and repeatedly reprecipitated by the addition of ethyl alcohol. The final yield was usually between 10 to 25 mg. per 75 liters of culture, representing the major part of the active principle originally present in the crude extract.

Titration showed that under the standard technique, 0.003 micrograms of this final product will bring about transformation of avirulent, unencapsulated R strains to fully virulent, capsulated Pneumococcus of type III. In this technique the active principle is effective in a concentration of 1:600,000,000.

Examinations by means of the analytical ultracentrifuge indicate that the substance is homogeneous with molecules of uniform size of the approximate order of 500,000. Elementary chemical and enzymatic analyses led to the conclusion that the "mutagen" is a type-specific nucleic acid of the desoxyribose type.

Added to the transformation system this type-specific desoxyribonucleic acid is apparently adsorbed by the unencapsulated R cells. Here it functions as an ingrafted gene (or specificity determinant) causing recapsulation of the coccus, with polysaccharides of type III specificity. Like previously present genes the ingrafted nucleic acid increases (or is increased) in amount with the multiplication of the recapsulated cells. It thus functions as an heritable genetic character through innumerable test tube generations or animal passages.

No definite theory as to the mechanism of this transformation is thus far suggested by the Rockefeller Institute biochemists. They do call attention, however, to its implications in the fields of genetics, virology and cancer research. Their findings, therefore, are not only of clinical interest, but of basic importance in many other fields of biological research.

P. O. Box 51.

W. H. Manwaring,
Stanford University.

REFERENCES

1. Griffith, F.: J. Hyg., 27:113, 1928.

2. Neufeld, F., and Levinthal, W.: Z. Immunitätsforch, 55:324, 1928. Dawson, M. H.: J. Exper. Med., 51:123, 1930.

3. Dawson, M. H., and Sia, R. H. P.: J. Exper. Med., 54:681, 1931.

4. Alloway, J. L.: J. Exper. Med., 55:91, 1932; 57:265, 1933.

5. Murphy, J. B.: Tr. Assn. Am. Physn., 46:182, 1931.

6. Avery, O. T., MacLeod, C. M., and McCarty, M.: J. Exper. Med., 79:137 (Feb.), 1944.

7. Sevag, M. G.: Biochem. Z., 273:419, 1934. J. Biol. Chem., 124:425, 1938.

8. Dubos, R. J., and Avery, O. T.: J. Exper. Med., 54:51, 1931; 62:271, 1935.

A Letter from an Over-Seas Physician. On Interest of Military Colleagues Concerning Medical Trends.

(copy)

Dear Doctor Kress:

No doubt you will be surprised to hear from a G. I. Medical Officer in an overseas field unit. I read with much interest your discussion of the Federal Maternity and Child Care Plan in the January 15th *J.A.M.A.* The average doctor doesn't realize what an enormous effect such practices may have on the future course of American Medicine.

Although not a Californian by birth, I lived there while on army duty for two years before coming overseas. Speaking as one who plans to return there after the war, I am much in favor of your efforts to combat regimentation of the medical profession by such plans. I was also interested in your analysis of Kaiser's prepaid medical service plan. Such plans, as you so ably pointed out, work very well on select groups, but will not when all ages are brought in, or in rural areas.

Initiative on the part of the medical profession in formulating a plan for voluntary sickness insurance at this time, will be richly rewarded, I believe. Even though such a plan may not be widely adopted immediately, you will have something to point to and say,—"We have a sickness insurance plan."

Delay will allow the politicians to devise one which will probably be desirable only from their standpoint. Such was the case in Germany and England and the standard of medical care suffered as a consequence.

If anything has been accomplished by this war it is the vindication of free enterprise. It is what made possible the creation of the best trained and equipped army in the world in a short time. Also our present medical system made possible the super medical service through the enrollment of well-trained doctors. One thing the people should ask in considering any method of medical service is, "Will it attract a high type individual to the practice of medicine?"

The American people as a whole are pretty fair minded. If the facts in the case are presented to them in the proper manner they will usually choose the right road. I believe education of the people by the medical profession as to what they are getting in medical care now, and what they would get under socialized medicine is the answer to our problem.

Your attitude in your approach to these questions is encouraging to those of us overseas. Many of us have been in the army so long, nearly three years in my case, that we have nearly forgotten about private practice. If we return to some scheme of Federalized medicine, many of us will ask, "Was it worth it?" However, American Medicine has always been progressive and I feel confident that it will come through this time.

Keep up the good work that you have started and rest assured that the proceedings of your committee are followed with interest by all who are in the service. We'll be coming home some day anxious and willing to carry our share of the load.

Trusting that I have not been too presumptuous, I am,

Very sincerely,

(Signed) Ward M. Cole, Capt., M.C.

ORIGINAL ARTICLES

Scientific and General

THE FUTURE OF MEDICINE FROM THE STANDPOINT OF A PHYSICIAN IN PRACTICE*

Morton R. Gibbons, Sr., M. D.
San Francisco

THIS short talk will be divided into three sections:

1. What we want.
2. What we—and society—have to offer for the care of the sick.
3. What are we likely to get, and why.

I. WHAT WE WANT—AND WHAT WE DO NOT WANT

We want for the public the best medical care—the sick person is the first consideration; for ourselves, primarily, to be left alone to work the problem out.

We want changes to be made by the profession; we want not to be told what to do by legislators, theorists, welfare workers, hospitals. We know far more about needs, intricacies and difficulties, than any other group. Our reluctance to make rapid changes has been because of this knowledge. We need to be given time to work out our own plan. We want nothing like compulsory health insurance without free choice of physicians. A history of sixty odd years of health insurance in Europe is not convincing. We want the government not to install a system depending on trial and error for guidance. We want hospitals and nurses to be subordinate to physicians. We do not want politicians, or exploiters, using the medical profession for their own ends at the expense of the sick. We want the patient-physician relationship unimpaired.

All these things we want, and no doubt much more.

Now, what have we, the physicians, to offer except for those who come to our offices and pay? And what does the rest of society provide for the care of the sick?

Remember, when this Society was started there were no specialists, and few and imperfect hospitals; and contract care for the destitute sick was rudimentary.

We had only the general practitioner.

The doctor-patient relationship was unimpaired.

Since then, society has gone a long way in good and bad.

Let me comment on some of the various systems of caring for the sick.

II. WHAT WE HAVE

Let us examine private practice of medicine and the departures therefrom:

The Private Practitioner, Practicing Alone:

In small communities he is often a leader, and the "true physician" if he is the right kind. He is more self-reliant and versatile than his confrères in larger cities, and can do a creditable job in several specialties. He is often a far more effective man than the metropolitan specialist, who is unable to exercise judgment outside his own specialty.

In larger cities, the physician depends on a number of other physicians. If he is conscientious, he refers patients, when that is necessary, to specialists selected for the patient's needs, both scientific and practical. This system is wasteful of time and money.

Group Practice:

This is theoretically the best form. It depends on the skill, character, and self-restraint of the members of the group. I have never known a group of any value which did not have a capable and judicious leader, who could evaluate the idiosyncrasies of his team members, as well as those of the patient.

Private practice and group practice make possible abuses, such as overtreatment, unnecessary operations, overcharging, salesmanship generally.

Practice by Government Agencies:

Before this war, 65 per cent of hospital beds in this country were said to be in Government hospitals.

U. S. Public Health Service:

I would say that treatment of patients is generally good and considerate. The patients are usually such as would not readily contact private physicians.

The Army and Navy:

Normally the medical departments give me the impression of tolerating the patients, as an evil necessary to the department's existence. If statistics were available to indicate patient day costs, which they may be, I would expect them to show prodigious waste of resources.

Whatever good reputations the medical departments of the Army and Navy are making for history, and with the soldiers and sailors, will be due to the reserve officers. I hope that the soldiers and sailors will remember that, if ever they have a say about the kind of medical care they want.

State Medical Care and City or County Medical Care:

You are near enough to these to know the pictures. No special comment is offered.

Prepaid Medical Care with No Free Choice of Physicians:

Example.—The Ross-Loos Clinic, appears to give fairly adequate care, but is distasteful to us, principally because it is an exploitation of physicians by physicians. Approximating this is the Kaiser medical service, referring, however, only to employees. Mr. Kaiser's resources permit excellent equipment, and he is happy in his choice

* Read before the San Francisco County Medical Society, November 7, 1943.
The opinions and assertions contained herein are the private ones of the writer.

of physicians. There is no difference between this service and others with which we have been familiar for years, in the mining, railroading, lumbering, shipbuilding and other industries. Patients have not free choice of physicians. Up to date, comparable service could not have been secured, except from such an organization as California Physicians' Service. With the lack of resources, youth, and sabotage, with which California Physicians' Service has had to contend, it is doubtful if California Physicians' Service could have provided the care.

Prepaid Medical Care—Free Choice of Physicians:

We have insurance companies; effectiveness is limited and uncertain. Insurance companies can, on a straight insurance basis, reimburse for medical expense in a manner comparable to insurance on anything.

California Physicians' Service:

This, as all similar enterprises, is actually in the early experimental stage. No insurance company—and experience must be gained by California Physicians' Service, as by an insurance company—is expected to have a chance to survive until it has operated for seven years, and has $7,000,000 of insurance in force, and 95 per cent of these which attain that, *fail.*

It is most unfortunate that we must have a world war to interfere with an orderly and gradual growth and experience.

It is tragically lamentable that we cannot have loyalty and patience and understanding in the whole medical profession of California. The self-sacrifice, devotion, and time expended by a few of your fellow members, for California Physicians' Service and for you, are far beyond belief or possibility of compensation. Of all efforts of the medical profession to avert state medicine, such projects as California Physicians' Service promise the most.

State Medicine:

You must be more or less familiar with the "57 varieties" of state medicine in existence at last reports. Most of the important countries of the world had state medicine, in some form. No two were alike, the best reason for which is that none was satisfactory. At last report, Germany's system—the oldest—reported that absence due to sickness increased 40 per cent. Physicians' incomes were so meagre that suitable young men would not study medicine. England did not wish to abolish her system, but hoped it could be much more satisfactory, yet did not know how it could be improved. The Britons had no such hospitalization system as we would think essential.

This country never adopted state health insurance, because the people naturally want to be independent. Lately, that attribute is being worn down—unless recent elections mean something.

Still—"What We Have":

Lay bodies, social reformers, economists, etc.—all striving for means to control the practice of medicine—all *more* interested in putting something *over* than in the welfare of the sick human being. The Wagner-Murray bill provides for control of the whole problem by the U. S. Public Health Service. Doctor Parran told me that he had no inkling of this bill until it was shown to him the day before it was introduced. He said he would have none of it. The Public Health Service views it with horror. The bill is probably too great a bite to take all at once, and therefore will defeat itself. It is another example of an effort to attain fulfillment of a delightful dream without knowledge of the obstacles in the path.

I cannot leave consideration of "what we have" without reference to the Workmen's Compensation Laws (California's especially). The California law has attributes comparable to state health insurance. This law went into effect thirty years ago. It has been modified, altered, amended, not because of changing conditions, but because it was not perfect. It is not perfect yet. It was at first administered by high-minded men. It has been from time to time dominated by politics and administered in a manner quite contrary to its intent, and the wishes of the people.

And, we have the American Medical Association.

Possibly if the American Medical Association had known of a good health insurance plan, or prepayment plan, it would have approved. However, the Association permitted it to be believed that it was unalterably opposed to all such ideas, and thereby gave comfort to the enemy. It was a major tactical blunder to permit this impression to exist, whether the American Medical Association felt that way or not.

If California Physicians' Service had started five years earlier, which it might have done but for shortsighted opposition within our profession, we would now have an experience of great value, and would now have stability. However, no normal experience can prepare any enterprise for the distortions caused by the greatest of all wars.

In this connection it would be well to remember that twenty-five and again fifteen years ago there were determined efforts in California to put over state health insurance. It was attempted by economists and others, and no physicians had any part in it except that of opposition. In the bill prepared for the legislature, in the first attempt, $11.00 was the estimated cost per person per year. I remonstrated with the executive officer of the commission saying that three times that sum would be more nearly correct. The doctor (Ph.D.) blandly told me that the bill would never pass with that estimate, but if it were passed, it could be adjusted. See if that means anything to you.

III. WHAT WE ARE LIKELY TO GET

What we are likely to get will *not* be what we want. The revelation of what we have is not a convincing background for going after what we want. The capacity of the human mind has not increased, to judge from history, since history began. Yet there are a hundred times more items

(let us assume the 100) to know than there were 150 years ago. If we know ten times more than our ancestor, we still know one-tenth as much as he did of what there is to know and are relatively ignorant. There was a time when an erudite man, Benjamin Franklin for instance, knew a substantial amount of all there was to know. That is impossible now,—no such men—no adequate mental capacity—no time.

Imperfect knowledge leads to interference in our affairs by fanatical theorists whose imaginations are not trammeled by modifying information. We are aware of the reluctance of the best-informed to be positive vs. the readiness of the partially-informed to be positive. Apparently the control goes to those who have the hardihood to accept responsibility, though uninformed. We are confronted by the results of this condition of mind. Central control is spreading. We are likely to get health insurance legislation. The medical profession and American Medical Association have done nothing effective to indicate that they can offer what the social reformers want.

Of course, those promoting legislation have something in mind besides the care of the sick. It may be another bureau, more government employees, or gratification of a grand desire to dominate the medical profession. The *people* do not *demand* health insurance, though some provision for medical care would be beneficial. They will no doubt accept it and take advantage of it, if it is provided.

The medical profession will not long be able to stem the tide of health insurance, unless it can present a united front and offer a plausible alternative. In this the profession is handicapped because it must limit statements to truth, whereas the visionaries may devise any attractive plan—unhampered by experience.

It may be too late now for the profession to get together. If not, it is because of war—and we have another chance.

Some physicians will continue to practice much as they do now, as long as there are economic groups to serve. There will be an increase in the formation of balanced clinical groups. That system is more economical and scientific.

There will be increase of subscribers in prepayment plans. I expect development of state plans such as California Physicians' Service generally —over the country. Such a spectacle would go a long way to check compulsory health insurance. Let the Government pay to California Physicians' Service the fees for certain groups; for instance migrants, unemployed. If a prepayment plan—organized by the profession supported by the profession—existed in every state, there would be no Wagner bill. I doubt if we would be much bothered by legislation.

You are reminded in this short sketch that the practice of medicine has altered drastically in seventy-five years. Far more in its mechanics than in its scientific aspects, though those have changed more in that time than in all the previous history of medicine.

3979 Washinton Street.

TUBERCULOSIS IN WAR TIME*

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INTRODUCTION.—We are all familiar with the striking decline in tuberculosis mortality which has taken place since the beginning of the century, a drop from 200 per 100,000 to approximately 45, a reduction of 77 per cent. History fails to record a greater public health achievement. The temptation now is to lean on our oars, feeling that the disease is finally and completely on the run.

A little reflection, however, is not reassuring, for the white plague still remains the leading cause of death in the age group 15 to 45, the productive period of life. Somewhat paradoxically, this fact has led to the optimistic and widespread idea that tuberculosis is essentially a disease of premiddle life, and that, after the age of say 45, it can be ignored. Sad experience has taught us that this is far from being the case. If we segregate our age groups to show the death rates from tuberculosis per 100,000 living persons *in each such group,* we find that the mortality rate continues practically unchanged from middle life on up to the eighth decade. Tuberculosis among older people is one of our most serious problems at the present time, and many of our clinical cases in younger persons are due to infection contracted from a parent or grandparent whose tuberculosis is frequently unsuspected, being masked as a chronic bronchitis, asthma or heart disease.

On the whole, however, we have reason to feel hopeful about the general situation. Progress in our knowledge of the disease has been great, and progress in treatment has been correspondingly rapid. We are still lacking in definite information regarding many of the factors which have to do with the resistance of tissues to the inroads of the tubercle bacillus, but the search continues, with sufficient results to keep alive the spark of hope. We believe that cellular and tissue nutrition is the cornerstone. From the immense agglomeration of data on food groups, on calories, minerals and vitamins, there is gradually emerging a semblance of order and a modicum of knowledge.

MECHANICAL ELEMENTS

The importance of the mechanical elements involved in this disease has impressed itself on all who are called to treat it.

It seems elementary to emphasize the importance of adequate drainage from infected areas. Yet it is only recently that the bronchoscope has revealed to us the frequency with which such drainage is impaired, and has shown us when to suspect the presence of obstructive bronchial lesions. Many phases of pathology heretofore

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unexplainable are now beginning to be understood, and the seriousness of tracheo-bronchial tuberculosis is being increasingly recognized.

Rest of the individual and of the infected tissues continues to be the aim of our therapeusis, and much of our recent progress has to do with recognizing and overcoming the obstacles in the way of securing this rest.

In treating the early case of tuberculosis, it is frequently adequate to put the patient to bed with perhaps limited bathroom privileges, and keep him there until the lesion has undergone retrogression to the degree that it seems safe to allow a very carefully-graduated course of physical activity. Before such activities are permitted, of course, the disease must have reached a stage of quiescence, and this, we know, is not attained in a few weeks, but requires at least several months. The strictness with which bed rest is enforced will depend upon the acuteness of the tuberculous process. If, after a trial of a few weeks of such rest, the lesion is not showing signs of improvement, one of the many procedures designed to secure local rest is indicated. These may be all classed under the heading of collapse therapy. Time will not permit us to even name all of them. Suffice it to say that they range from pneumothorax to thoracoplasty, and the number of measures available increases yearly with the experience and ingenuity of our clinicians and chest surgeons. Each one is designed to meet some particular group of indications, and their number is but another evidence of that complexity of the disease which has proven so confusing to patient and practitioner alike.

CAVITIES

Our respect for the tuberculous cavity has grown with the years. It is the usual source from which the tubercle bacilli are secreted and discharged, to possibly infect other individuals, and to spread contagion to new areas of the diseased lungs. Our success in treatment is largely determined by our ability to close any cavities that may be present. If, therefore, conservative measures do not suffice within a reasonable period, no time should be lost in having recourse to one of the numerous other methods just referred to. Upon the fate of the cavity depends the fate of the lesion and of the patient.

WAR TIME FACTORS

War has introduced into the picture a great variety of new elements. It brings a great speeding up of industry, a hectic prosperity, with rising costs of food and other necessities of life. Vast numbers of workers are transferred to new types of work to which they are unaccustomed. Sedentary workers, in many cases with inadequate physiques, enter the ranks of the more or less skilled trades. Frequently these occupations call for a much greater degree of physical exertion than that to which they are accustomed. Millions of women are leaving offices and homes to enter industry. Here they are meeting conditions utterly foreign to their training and experience and, in some cases, completely unsuited to their physical make-up. Mothers with families, lured by the opportunity for unprecedented high wages, are attempting to keep up home responsibilities and work an eight-hour shift in a factory which can be reached only by one or two hours' journey on a crowded bus or other vehicle. The swing shift, and to an even greater degree the graveyard shift, have seriously upset the sleeping habits of a large proportion of the workers, and not all of them are able to secure an adequate amount of rest at the unusual hours made necessary. Wages beyond their wildest dreams prompt many to hours of diversion and perhaps dissipation which should be spent in rest. When the working week is lengthened beyond 48 or 50 hours, cumulative fatigue begins to make its appearance.

Not infrequently serious hardship follows the enrolment of the breadwinner in the armed forces. Worry about an absent husband, brother or son ofttimes interferes with proper rest.

These factors constitute stresses and strains varying in magnitude, but all operating to lower resistance, so it is not surprising that an increase in tuberculosis results.

As time goes on, food restrictions may add their baneful effects.

Great Britain has suffered more serious dislocations of civil life than we have, and is already showing conclusive evidence of this tendency to higher tuberculosis morbidity and mortality. It is too early for us to have convincing statistics, but figures are accumulating which strongly suggest such a trend, and there is little reason to doubt that, as time goes on, we shall experience at least a portion of the same dire results which were manifest in the European countries during and immediately following the last war.

On the other side of the ledger, along with therapeutic progress, we may consider the steps which have been taken to ensure early diagnosis, so that treatment may be instituted before extensive tissue destruction has occurred.

For nearly one and one-half years now all the candidates for the armed forces have received an x-ray examination of their chests on miniature films before induction. As opportunity permits, examination is being done of those who were inducted before facilities for this work were available. Before another year rolls by it is conceivable that the staggering total of twenty million of these films will have been made. This constitutes the greatest mass survey that the world has ever seen. There can be no question that it will prevent a vast number of cases of active tuberculosis by retaining in civil life those with old healed lesions which might break down under the stress of military service. It has already resulted in the discovery of a great number of cases of active and usually early tuberculosis.

SURVEYS BY TUBERCULOSIS ASSOCIATIONS

It is a coincidence that the plans on which the

Tuberculosis Associations throughout California have been working for several years should approach fruition at this time. In many counties and localities diagnostic surveys are under way or in prospect. Standard portable x-ray outfits are being used in some cases, fluoroscopes in others. In Los Angeles city and county a fluorographic unit similar to those used by the Army, but mounted on a large truck so it can be easily transported from place to place, has just been received. Other similar units are on order for other Associations, and delivery is expected within a matter of months. These are capable of surveying several hundred persons per day.

The policy of the Tuberculosis Associations is to make such surveys as demonstrations. They hope to convince the various groups concerned, both industry and labor, that it is to their advantage to take over the work ultimately and conduct it at their own expense. The Garment Workers' Union of New York City made a survey of its members several years ago. Many organizations in California are giving a rather complete physical examination to all applicants for employment. Frequently an x-ray film of the chest is included, and not a few cases of pulmonary disease are being uncovered.

The United States Public Health Service has eight 35 mm. fluorographic units in various portions of the country doing similar work, particularly among groups whose living conditions are substandard. They plan to add ten more units shortly.

As a result of all these and other surveys, numbers of unsuspected cases of active tuberculosis have been brought to light, and we can confidently expect more as the work progresses. In the aggregate the number will be very large.

SPECIAL PROBLEMS

Two important questions now present themselves:

The provision of sanatorium accommodations for the patients requiring treatment will be a very serious problem. An extremely high proportion of the smaller private sanatoria and rest homes are having to close their doors because of inability to secure help. Many counties, particularly those in which large war industries have developed, are going to find their need for beds much greater than their capacity. The nonresident character of a large portion of their population will add to their difficulties.

On the diagnostic side there will be much work to be done. All those with positive or suspicious x-ray findings on these miniature films, or on fluoroscopy will require films of standard size and a careful clinical examination to determine whether definite evidence of disease is present, and, if so, whether it is old and needs only periodic observation, or is active and, therefore, requires treatment.

These individuals are going to come for examination and advice to all of us, general practitioners, surgeons, internists and members of all the other specialties. And here lies one of our great opportunities. Already some of them have asked for bread and been given a stone. The diagnosis or suspicion voiced at the induction center or the employment office has been ridiculed or brushed aside as without foundation, ofttimes to the serious detriment of the patient.

It is true that it is not easy to establish the status of many of these cases. The determination of the instability or obsolescence of their lesions may call for a most painstaking and time-consuming study. Such a study, however, is one to which the patient is entitled and one which we, as a profession, are obligated to supply, unless we believe he is a legitimate subject for care by the official health agencies. And having determined that the lesion is unstable or active, we must see that the patient is offered at the earliest possible moment the full benefit of all the great advances that modern medical science has developed. "A stitch in time, saves nine" is more true than ever of the treatment of tuberculosis. To see that these young people are given the opportunity for early and accurate diagnosis, and adequate scientific treatment in the stage when the disease is curable and rehabilitation to full membership in society possible—herein lies our opportunity and responsibility as a profession.

1930 Wilshire Boulevard.

EXTREME INSULIN RESISTANCE IN DIABETES*

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REMARKABLY few cases of extreme insulin resistance have been reported in the literature. Martin, Martin, Lyster and Strouse,[1] in a critical review of the literature, reported 26 cases which fulfilled their criteria of insulin resistance, i.e., "those cases in which, after forty-eight hours of observation, 200 or more units of insulin were required without effecting an appreciable lowering of the blood sugar." These cases were divided into 5 etiological groups: 1) Disturbance of endocrine glands—5 cases; 2) Infection—5 cases; 3) Hepatic disorders—5 cases; 4) Diseases of the skin and allergy—8 cases, and 5) Unexplained—2 cases.

To the literature we add the following case.

REPORT OF CASE

A 67-year-old Jewish man entered the hospital with symptoms of weight loss and inability to rid his urine of sugar. Four and one-half years prior to this entry, in a routine preoperative examination, sugar had been detected in his urine. He was controlled on 15 units of regular insulin three times a day. At the end of a year

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his blood sugar levels were low enough to allow insulin therapy to be discontinued.

Seven months prior to admission, he noted polydypsia and polyuria, but did not seek medical care until five months before entering the hospital. At that time, 15 units of protamine zinc insulin a day kept his urine sugar-free. Two or three months before hospitalization he began losing weight, and one month before entry it became evident that 15 units of protamine zinc insulin were insufficient to keep his urine free of sugar. At the time of admission, the dosage had been increased to 35 units a day, but glycosuria persisted.

Past History:—Some twenty-five years ago, he had had asthma. At that time it was learned that he was allergic to a colorless dye used on the furs with which he worked. When he avoided contact with the dye, his symptoms disappeared. Yet, throughout the ensuing years he often became "choked up" for short periods of time. During the ten years prior to his initial hospitalization, he had recurrent anginal attacks, which readily responded to nitroglycerine. One year ago he had a dermatitis of the extremities, which responded slowly to nonspecific therapy, and which may have been allergic in origin.

Family History:—There was no history of allergy or diabetes in this man's family.

Systemic Review:—All systems were essentially normal, except for the history of anginal attacks.

Physical Examination:—When first seen, the patient was ambulatory and entirely without complaints. He was a well-developed, well nourished man. His weight was 60.2 Kgm. The lungs were clear; the heart was very slightly enlarged; the sounds were regular in rhythm and force, and of a fair quality. The blood pressure was 124/78. An electrocardiogram revealed an abnormal record suggestive of coronary artery disease. The urinalysis revealed 4 plus sugar, but no acetone or diacetic acid. The blood sugar level was 426 mg. per cent.

Hospital Course:—At first the patient's hospital course was uneventful. He was started on a diet of 1,680 calories (C. 160, P. 80, F. 80). Three doses of crystalline insulin, a total of 65 units, reduced his fasting blood sugar level to 196 mg. per cent before breakfast on the second hospital day (Chart 1). On the ensuing days he received 130, 80, 105, and 220 units of crystalline insulin without a noticeable alteration in his blood sugar level.

On the sixth day, the dosage was increased to 565 units; the fasting blood sugar was 396 mg. per cent on the morning of the seventh day. On the seventh day he received 550 units of regular insulin subcutaneously in addition to 2 intravenous doses of 50 units each. On the eighth day, he received 700 units of regular insulin subcutaneously, 50 units of regular insulin intravenously, and later, 100 units more of regular insulin intravenously, a total of 850 units. Following the last dose of regular insulin given intravenously, he developed a generalized urticaria. Two 0.3 c.c. injections of 1/1000 adrenalin brought prompt relief, but precipitated a mild anginal attack which in turn was relieved by nitroglycerine.

On the morning of the ninth day his fasting blood sugar level was 274 mg. per cent. and on that day he received 640 units of crystalline and 240 units of protamine zinc insulin. He continued to have hives severely enough to require adrenalin for relief. On that same day, his carbon dioxide combining power was 52.1 vol. per cent. On the tenth day, 720 units of crystalline and 480 units of protamine insuline were given. He again had urticaria. On the morning of the eleventh day, his fasting blood sugar level was 268 mg. per cent; once again he received 720 units of crystalline insulin and 480 units of protamine zinc insulin. The hives recurred, but were much less severe.

HOSP. DAY	INSULIN Regular	Cryst.	Protamine	TOTAL	BLOOD SUGAR IN MG. % 7.00 AM	1.30 PM	5.45 PM	10.00 PM	COMMENT
1		65		65			426		Feeling well-Ambulatory
2		130		130	196				
3		80		80					
4		105		105	294				
5		220		220			356		
6		565		565	350				
7	550+100#			650	396				I.V.Regular insulin
8	700+160*			850	290				Urticaria
9		640	240	880	274				Hives.CO2 Comb. p.52.1
10		720	480	1200	310				Hives.
11		720	480	1200	268	320			Hives.
12					263	400	308	370	Hives. No Insulin given.
13					301	421	374	373	Feeling perfectly well.
14					331	449	368	377	
15					292	470	408	471	
16		620		620	313	444	381	426	Insulin again. Acetone.
17		1260		1260	286	471	412	374	Acetone in urine.
18		1580		1680	263	412			Acetone.
19	250#	960		1210	186	333			Hives.
20	1500#			1600	140	318			Pain in rt.hand. Hives.
21	750#			760	85	149	72		Pain in rt. arm & l. leg.
22	950#			980	333	381			Acute pain in l. wrist.
23	300#	800		1100	286	382			Last 2 days T. 101 F.
24		800		800	320	370			Cardiac death.

* Intravenous Insulin. # U500 Regular Insulin.

Chart 1.—Insulin, dosage, blood sugar level, and clinical status.

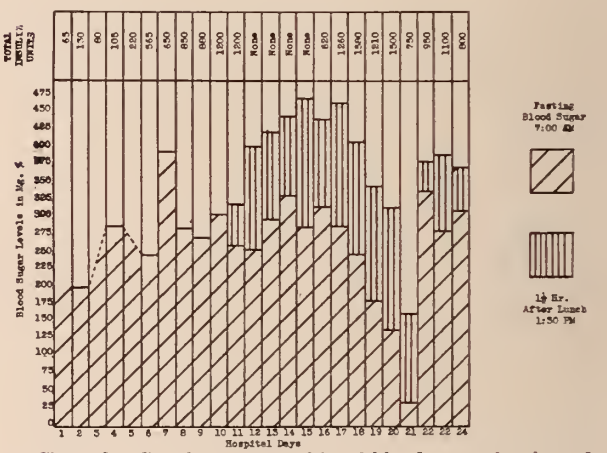


Chart 2.—Graphic relationship of blood sugar levels and insulin dosage.

The fasting blood sugar on the twelfth day was 263 mg. per cent. No insulin was administered, and during his thirteenth, fourteenth and fifteenth hospital days he received no insulin. His blood sugar levels increased steadily (Chart 2). Due to the fact that his weight had dropped to 58.7 Kgm., his diet was increased on the fourteenth day to 1930 calories (C. 180, P. 100, F. 90). During this time, the patient had no subjective complaints. He was up and around, and often walked about the hospital grounds.

On the morning of the sixteenth day, his fasting blood sugar level was 313 mg. per cent. He was again given crystalline insulin: 620 units in 16 doses. Later that day, acetone was first detected in his urine. His acid phosphatase was 0.3 units, and his alkaline phosphatase was 2.8 units. On the seventeenth day, the fasting blood sugar level was 286 mg. per cent. Eleven doses of crystalline insulin brought the total amount received to 1,260 units. He still showed traces of acetone. The fasting blood sugar on the eighteenth day was 253 mg. per cent. Nine doses of crystalline insulin, a total of 1,580 units, were given. By the end of the day all traces of acetone had disappeared.

On the nineteenth day, the fasting blood sugar was 186 mg. per cent; 250 units of U500 special insulin (later learned to be regular insulin) and 960 units of crystalline insulin, a total of 1,210 units, were given. Once again he complained of hives. No acetone was found in his urine. The fasting blood sugar on the morning of the

twentieth day was 140 mg. per cent. He received 1,500 units of U500 (regular) insulin. He suffered from hives, intermittently, all day. He complained of pain along the distribution of the ulnar nerve in the right hand. On the twenty-first day, his fasting blood sugar level was 33 mg. per cent; 750 units of U500 (regular) insulin were administered. The patient felt well until about 1:30 P.M., at which time he was seized with an excruciating pain in his left leg and right arm, and was compelled to go to bed. His temperature rose to 100.4 F.

On the twenty-second day the fasting blood sugar level was 333 mg. per cent. He was given 950 units of U500 (regular) insulin. Pain was still present in his leg and right arm, but less severe. He had additional pain with swelling in his left wrist. The blood sedimentation rate was 24 mm. in 60 minutes. His fasting blood sugar level was 286 mg. per cent on the morning of the twenty-third day; 300 units of U500 (regular) and 800 units of crystalline insulin were given. Although pain in the extremities had entirely disappeared, he found it impossible to maintain a comfortable position. Later in the day he complained of "constricting" pain across the anterior aspect of his chest, which was only partially relieved by nitroglycerine. His blood pressure fell to 108/68, whereas his temperature remained elevated at about 101 F.

On the twenty-fourth day his fasting blood sugar level was 320 mg. per cent. Acetone was again manifest. Eight hundred units of crystalline insulin were administered. After breakfast the chest pain became marked. His blood pressure was 100/68. In the early evening he became very distressed, had difficulty getting his breath, and became ashen in color. An electrocardiogram revealed additional deviation from the normal. He was placed in an oxygen tent at 9 P.M., and died of cardiac failure at 12 midnight.

COMMENT

Unfortunately, permission to perform an autopsy was not obtainable. We are as yet unable to reach a definite conclusion as to the cause of our patient's resistance to insulin. This case is presented in the hope that it may contribute to an eventual solution of the problem of insulin resistance.

Following is the etiological classification of Martin, Martin, Lyster and Strouse[1]:

1. Disturbance of Endocrine Glands:

Clinically, there was no apparent hormonal dysfunction. The basal metabolic rate was normal.

2. Infection:

No evidence of infection was discovered. At first the blood sedimentation rate was not increased; the white blood cell count was not elevated, and the patient remained afebrile until just prior to death.

3. Hepatic Disorders:

No signs or symptoms of liver disorder were present. The alkaline phosphatase test was normal.

4. Diseases of the Skin and Allergy:

The manifestations of allergy will be discussed.

5. Unexplained: Was the heart disease a factor?

As far as could be determined, there were but two pathologic conditions present, aside from the Diabetes Mellitus: a) Allergy, and b) Angina. Though the latter is probably of little significance, it is interesting to note that Duncan[2] lists cardiovascular disease, i.e., 1) "Atheromatous changes in arteries," and 2) "The more explicable myocardial insufficiency with edema as conditions which may detract from the effectiveness of insulin." Also worthy of note is the account of a case of insulin resistance and sensitivity which was accompanied by frequent anginal attacks.[3]

DISCUSSION

Allergy was a striking feature in the case we have presented. One cannot say that the allergy and resistance followed a clear "cause and effect" pattern, but certainly the evidence is suggestive. As previously stated, the patient gave a history of asthma which occurred twenty-five years prior to hospitalization. There had been no subsequent, clinically recognized manifestations of allergy until during the period of hospitalization. On admission there was a mild eosinophilia, but no symptoms of allergy were evidenced until the eighth day. Insulin resistance, had been apparent for three days; however, it undoubtedly had been present in a milder form for some weeks previous to this.

In regard to the etiology of the sensitivity to insulin, three features are to be considered: 1) the dose, 2) the route of administration, and 3) the type of insulin.

1) *The Dose:*—The day of, and the one prior to the appearance of hives, the patient received 650 and 850 units of insulin, respectively. As this was given in U100 form, the volume injected was considerable. However, during the following week when even greater doses of insulin were administered, hives did not always appear. In order to eliminate a possible antigenic factor which might have been present only when the volume of insulin was great, U500 insulin was obtained from the Eli Lilly laboratories. It became apparent that the patient was equally sensitive to this concentrated form, as generalized urticaria followed shortly upon its injection.

2) *The Route of Administration:*—Regular insulin was given intravenously to determine the rôle of absorption. Large doses elicited no corresponding fall in the blood sugar level; thus it was demonstrated to our satisfaction that faulty absorption was no contributing factor. Urticaria was first noted after the patient had been maintained on intravenous therapy for forty-eight hours. And yet, the administration of insulin by this route did not provoke a sensitivity to insulin, *per se*, as evidenced by the absence of allergic response on certain subsequent days.

3) *The Type of Insulin:*—Three types of insulin were used. Regular, crystalline, and protamine zinc. Urticaria followed the administration of regular insulin given intravenously. Later, when U500 regular insulin was employed, hives appeared within one-half hour after its subcutaneous injection. Although the use of U500 insulin was continued over a period of five days, no urticaria appeared after the first forty-eight hours. However, by this time the patient's cardiac condition presented a serious complication.

Protamine zinc insulin was never tried alone, but when administered with the crystalline form, hives appeared each day. Of the three types employed, crystalline insulin was the only one to which there was no allergic response, but this fact was not clearly ascertained until late in the course of the patient's illness.*

Several days prior to death the patient suffered a coronary attack. It is difficult to say just when this occurred, but there were clinical signs present, such as fall in blood pressure and muffled heart-sounds, as early as the twenty-first hospital day. Under a régime of continual massive therapy, the fasting blood sugar level on the twenty-first day had fallen to 33 mg. per cent. Although the patient had none of the usual symptoms of an insulin reaction, it is possible that this hypoglycemic state precipitated a heart attack. Pain in the extremities seemed to be of a neuritic type and not associated with cardiac embarrassment.

On the twenty-fourth day, cardiovascular collapse terminated in death.

SUMMARY

A case of diabetes is presented in a patient, aged 67, who had been controlled for years on moderate doses of insulin. Within a period of a few months a resistance to insulin developed. There were no pathologic processes evident other than allergy and angina. The results obtained with massive doses of insulin are reported. Following an unexplained fall in the blood sugar, the patient died of acute heart failure.

384 Post Street; Franklin Hospital.

REFERENCES

1. Martin, W. P., Martin, H. E., Lyster, R. W., and Strouse, S.: Insulin Resistance, J. Clin. Endocrinol., 1:387, 1941.

2. Duncan, G. G.: Diseases of Metabolism, Philadelphia, W. B. Saunders Company, 1942, pp. 853-856.

3. Karr, W. L., Scull, C. W., and Petty, O. H.: Insulin Resistance and Sensitivity, J. Lab. & Clin. Med., 18:1203, 1933.

4. Marble, A.: Insulin Resistance, Arch. Int. Med., 62:432, 1938.

5. Root, H. F.: Insulin Resistance and Bronze Diabetes, New England J. Med., 201:201, 1929.

6. Wiener, H. J.: Diabetic Coma Requiring Unprecedented Amount of Insulin, Am. J. M. Sc., 196:211, 1938.

7. Glassberg, B. Y., Somogi, M., and Taussig, A. B.: Diabetes Mellitus; Report of Case Refractory to Insulin, Arch. Int. Med., 40:676, 1927.

8. Regan, J. F., Westra, J. J., and Wilder, R. M.: Insulin Resistance, New England J Med., 223:745, 1940.

9. Hart, J. F., and Vincens, C. A.: Association of Extreme Insulin Resistance with Allergy, J. Clin. Endocrinol., 1:399, 1941.

10. Wechsler, H. F., Farmer, L., and Urban, J. A.: Case of Insulin Allergy Simulating Coronary Occlusion, J Lab. and Clin. Med., 26:1090, 1941.

11. Goldner, M. G., and Ricketts, H. T.: Insulin Allergy, J. Clin Endocrinol., 2:595, 1942.

* The concentrated insulin used was very kindly supplied by the Eli Lilly Laboratories. Due to unavoidable circumstances, it was several days before we knew that the material was "regular" insulin instead of a solution of zinc insulin crystals.

THE CLINICAL DIAGNOSIS OF CEREBELLAR INJURIES*

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ALTHOUGH the cerebellum occupies a sheltered position in the skull it is often affected, in some degree, by a blow on the head. Unless it be severely damaged, the complaints and signs may be overlooked until, during convalescence, the patient notices subtle disturbances although objective signs may not be apparent. The early signs of cerebellar injury are definite and not difficult to elicit. With this information, any later symptoms can be better understood, allowing a more exact prognosis.

PHYSIOLOGY

The cerebellum is concerned in the coördinating and regulating of muscle action. It keeps the muscles ready to respond to voluntary stimuli or to patterns of movement for which paths have been formed in the cerebral hemispheres. In learning to walk we first had to decide which foot to move forward, how far to advance it, and when to change the body weight from one foot to the other. Neural paths for this are developed in the cerebral hemispheres and each system of paths is called an engram, which represents the educated portion of an automatic act. But we never have had to decide, in making a movement, which antagonistic muscles to relax, which to hold a little taut or how to support the shoulders while using the hand. Such functions depend on the cerebellum. The mechanisms of balance and orientation in space depend largely on the cerebellum, which coördinates impulses from almost all of the special senses and from some of the general senses, and then sends its impulses to all of the muscles.

ANATOMY

The cerebellum, broadly, consists of right and left hemispheres with the vermis between them. The cortex, of tremendous extent, is folded like the leaves of a book, and all the emerging fibers converge to the few nuclei of nerve cells deep in the white matter. Fibers from here connect by the three cerebellar peduncles with the cerebrum, pons and medulla.

The cerebellar cortex contains at least eight wide-spread systems of diffuse communition among its several types of cell. This results in millions of alternate paths from one part of the cerebellum to another. For this reason, large areas of cerebellum may be destroyed or removed and the remaining tissue can, by reëducation, carry on almost the same functions as the whole organ.

In the cerebrum, the hemisphere of one side controls the opposite side of the body, but in the

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cerebellum each hemisphere controls the arm and leg on the same side.

VARIETIES OF CEREBELLAR INJURY

The cerebellum is injured more often by indirect than by direct violence. Certain generalities, formerly enumerated,[4] apply to injuries of any part of the central nervous system. To ascertain the character of the lesion requiries repeated examinations and observation of the clinical course. The types of injury that may affect the cerebellum are indicated in Table 1, in order of severity. By concussion is meant a mechanical jolt that interrupts function temporarily, but does not cause any detectable tissue damage. Contusion and laceration are accompanied by edema and hemorrhage, and always leave some permanent damage. Echols[2] reported a case of intracerebellar hematoma that began while wrestling.

TABLE 1.—*Varieties of Cerebellar Injury:*

1. Concussion
2. Edema
3. Contusion
4. Laceration
5. Compression of hematoma

SYMPTOMS AND SIGNS OF ACUTE CEREBELLAR INJURY

In Table 2 are listed the symptoms of acute cerebellar injury. Headache is not an important nor a significant symptom of disturbed cerebellar function in the early stages of a head injury. At first there may be combinations of such factors as contused scalp, injured neck muscles, subarachnoid hemorrhage, or increased intracranial pressure.

TABLE 2.—*Symptoms of Acute Cerebellar Injury:*

1. Nystagmus and uncomfortable eye movement
2. Vertigo
3. Nausea and vomiting
4. Ataxia and other motor signs

The eye movements, including the function of convergence, are connected intimately with mechanisms for balance and orientation in space. Central lesions affecting this extensive system may be manifest in eye discomfort. At first, looking to the side of the lesion may cause pain in the eyes or in the occipital region, and is often accompanied by nausea, vertigo, or nystagmus. Vertigo may be defined as a sensation of motion contrary to the fact. Dizziness must be differentiated from faintness due to getting up quickly from sitting, lying, or stooping. The dizziness may consist in true vertigo with the feeling that objects are turning or are sloping (objective vertigo). In subjective vertigo, objects appear stationary and the patient seems to turn or fall. In another form of dizziness there is no sense of falling or turning, but a feeling of instability in space. Table 3 enumerates the various ways in which vertigo may be present.

TABLE 3.—*Vertigo—Severity of Symptoms:*

1. Present all the time
2. Present only on getting up, lying down, or changing position of head
3. Subjective or objective vertigo
4. Feeling of instability
5. In acute spontaneous attacks
6. When climbing in high places
7. When walking on a slope, on uneven ground, or in the dark

TABLE 4.—*Motor Effects of Cerebellar Injury:*

1. Loss of muscle tone
2. Ataxia—irregularity of movement
3. Dysdiadokokinesia
4. Tremor—intention
5. Unsteadiness of gait
6. Nystagmus
7. Diminished deep reflexes

TABLE 5.—*Late Symptoms of Cerebellar Injury:*

1. Headache
2. Dizziness and disturbances of gait
3. Motor effects
4. Eye effects

TABLE 6.—*Vestibular Reactions After Cerebellar Injury:*

1. Normal or hyperirritable
2. May be normal even though the patient suffer from true vertigo
3. May have good nystagmus in response to turning, but absent to caloric stimulation
4. Diminished or absent constitutionel reaction
5. Abnormal pastpointing
6. Perverted nystagmus
7. Horizontal canal intact, but vertical canals impaired

TABLE 7.—*Essential Points in Investigation of Suspected Cerebellar Injury:*

1. Bleeding from ears, throat
2. Contused or tender scalp or neck muscles
3. Neck movement—bend forward, turn and tilt to sides
4. Eye movements—nystagmus, discomfort, diplopia
5. Function of cranial nerves—5 to 12 (see Table 8)
6. Deep reflexes
7. Muscle tone
8. Finger-to-nose and heel-knee-tibia tests
9. Control of arms:
 - (*a*) Rapidly repeated movement—patting
 - (*b*) Rapidly alternating movement — turn each foreram back and forth
 - (*c*) Coördination—movement at wrist as fist is opened and closed
10. Vibratory sensation on wrists and ankles

Nausea and vomiting are seldom of cerebellar origin unless they accompany vertigo or headache.

In cases of severe cerebellar damage, control of an arm or leg may be affected, but often the patient is too sick to notice the impaired control or to display it. The motor effects, if present (Table 4), may be detected early, but usually show improvement even in the first few days. Loss of muscle tone is evident by palpation of the muscles and comparing with the opposite side, or by judging the degree of resistance to passive movement. Ataxia is evident as irregularity in the finger-to-nose test, so that the movement is jerky,

deviates from the intended line of movement, may stop short of the nose or go too far, and all segments of the arm and hand may fail to work in unison. Dysdiadokokinesia is demonstrated by having the patient alternately pronate and supinate the forearm and wrist, with fingers extended. In the finger-to-nose test, tremor results when the patient tries to control the incoördination between different segments of the arm, the incoördination between appropriate agonistic and antagonistic muscles, the impaired orientation in space and the poor response of the muscles that do the work. Thus, it is an "intention tremor," and this is present only during voluntary movement. Unsteadiness of gait may be due, in part, to impaired control of one side of the body as well as to poor sense of equilibrium. Holmes[8] has written an excellent article on this phase of the subject. Nystagmus has been referred to as ataxia of the eye muscles. Grove[6] has studied it extensively, defining certain characteristics that identify the origin of the nystagmus. Decrease in deep reflexes goes hand in hand with loss of muscle tone.

Although the cerebellum is motor rather than sensory, in its functions vibratory sensation, tested by pressing the base of a tuning fork to the various bony prominences, may be found reduced on the same side as cerebellar lesion. This finding alone, like some of the other signs, if they are slight, might not be convincing evidence of cerebellar injury, but the combination of even a few slight signs may be sufficient to establish such a diagnosis.

LATE SYMPTOMS OF CEREBELLAR INJURY

Unless the cerebellar lesion be extensive and severe, many of the clinical manifestations will disappear within a few weeks of the injury. The disturbances that tend to persist are in Table 5. Headache following cerebellar injury may be due to meningeal irritation from adhesions in the posterior fossa. It is often accompanied by stiffness in suboccipital muscles on one or both sides, with limitation of neck movement. Another factor sometimes found in posttraumatic headache is chronic strain of neck muscles from unconsciously holding the head in such a position as to compensate for slight double vision or for difficult convergence of the eyes.

Vertigo, manifesting itself in some of the various ways mentioned in Table 3, is the most common symptom to persist. An occasional feeling of unsteadiness does not constitute any actual disability in many types of work, but it does preclude working on scaffolds, high buildings, etc.

Vestibular studies are of great help in investigating cases of unsteadiness or vertigo following a head injury. The subject has been covered well by Brunner,[2] Linthicum and Rand,[9] Morsier and Barbey,[10] and Portmann and Despons.[12] The more common abnormal responses are listed in Table 6. Although all authors do not agree on this point, Brunner[1] and Murphy[14] state that normal responses may be found even though true vertigo or vertiginous attacks exist. Linthicum and Rand[9] found the vestibular reactions to be useful in differentiating between central and end-organ disturbances. They pointed out that vertigo of peripheral origin is much more likely to clear up than that of central origin. Zacks[14] found that children under ten years of age seldom had residual symptoms after head injury affecting the cerebellum. He also gave prognostic significance

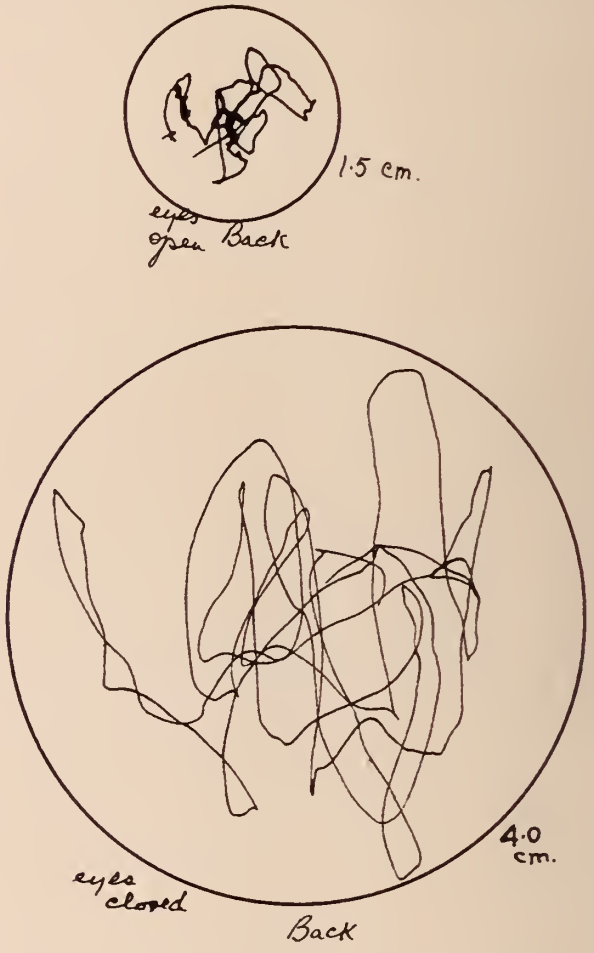


Fig. 1.—Romberg tracings in the case of a policeman, fifteen months after a severe head injury. He complained of unsteadiness, particularly in the dark, and the tracings show that, with eyes open, the pattern lies within a circle of 1.5 cm. radius (normal size) but with eyes closed the circle is of 4 cm. radius. (The normal is seldom over 3 cm.) It is seen that in the deviations from the center of balance a loop is usually formed.

to the vestibular tests in that, if abnormal responses persisted for from six to twelve months, the chance for spontaneous recovery was not great.

Disturbed control of an arm or leg is likely to persist only when the cerebellum has been damaged severely. Slight evidence of impaired control, for example of an arm, although it may not cause any disability, may help to corroborate the diagnosis of residual injury leading to the other more troublesome symptoms. Disturbances of gait are due to abnormalities in the sense of balance or to impaired control of trunk or legs. In doing the Romberg test in such cases, excessive swaying is usualy found, particularly when the patient

closes his eyes. Tracings can be made by mounting a small pen on the patient's head and then lowering, against the pen, a horizontal board bearing a sheet of paper. The method is described completely elsewhere.[6] Such tracings are illustrated in Figures 1, 2, and 3.

Hathaway and McKinley[7] have reported electromyographic studies of cerebellar lesions, and have demonstrated several points in the tracings that differentiate cerebellar from cerebral disturbances.

Late eye effects are due to the complex connections between eye muscles and the cerebellum. The patient may complain of impaired vision for objects closer than a few feet away, and the underlying cause may be poor or uncomfortable convergence of the eyes. It is worse while reading or after reading for a certain length of time. Such patients may complain of discomfort on turning the eyes far toward the side of the cerebellar lesion, and then nystagmus or perhaps only a few jerks may be observed in contrast to gazing to the opposite side.

A case is reported briefly to illustrate some of the above points.

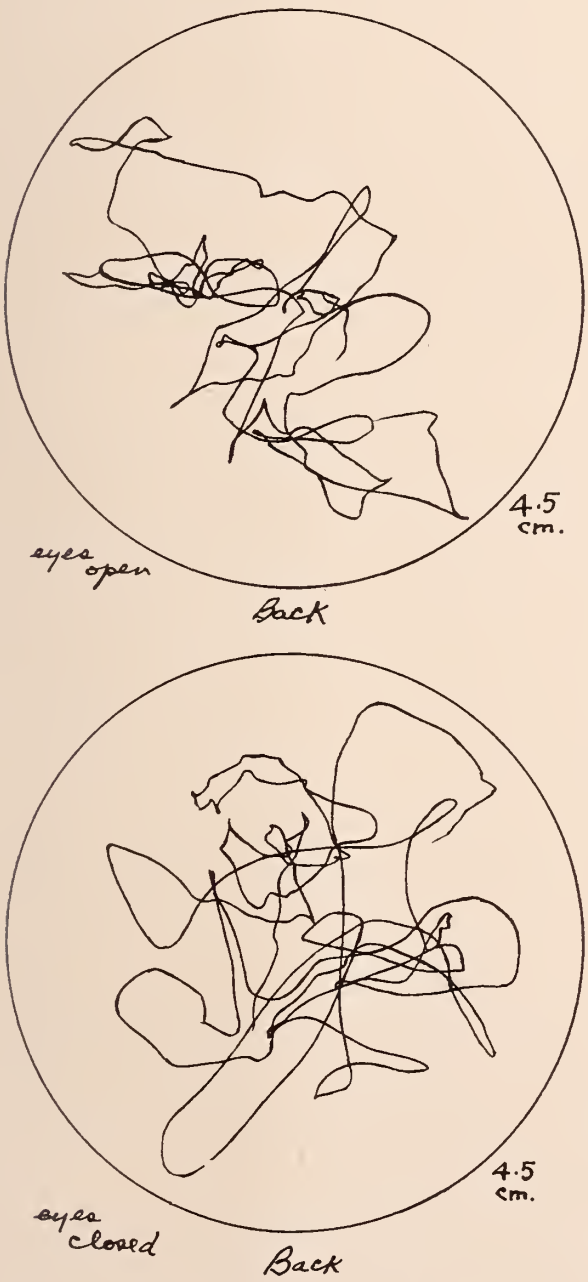


Fig. 2.—Romerg tracings in the case of a boy of six with a midline cerebellar medulloblastoms, postoperatively. Balance is poor, with eyes open or closed, because the disturbance affects not only the mechanisms of equilibrium sense, but also the control of trunk and legs, so that, even when his eyes are able to detect that he is swaying, the legs cannot perform normally to prevent the swaying.

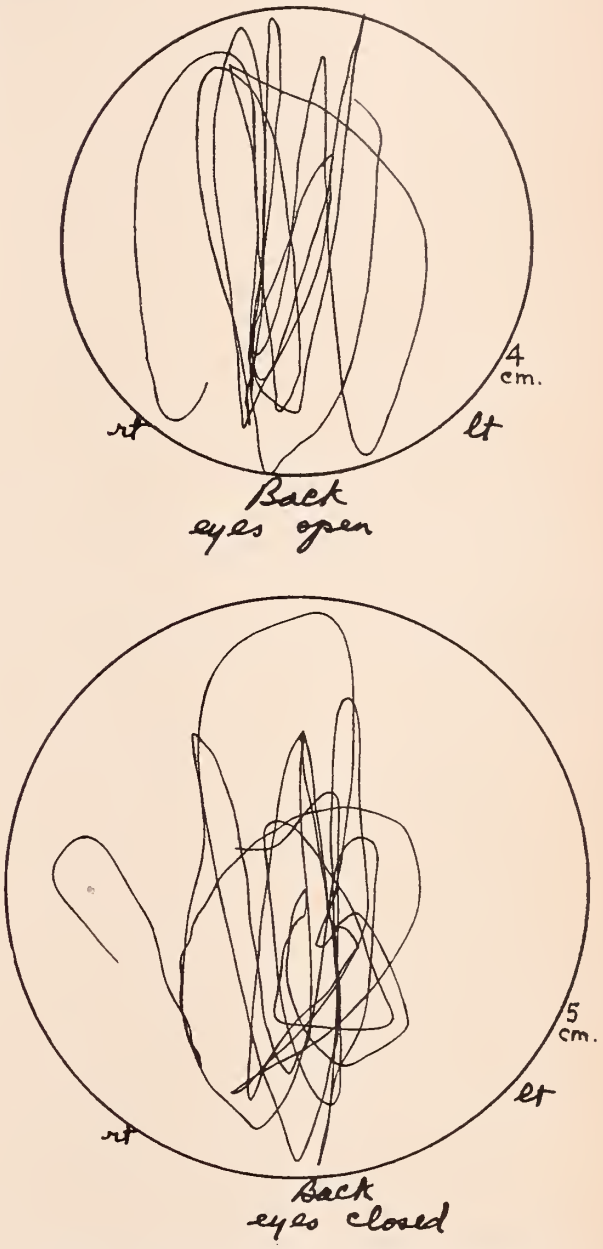


Fig. 3.—Romberg tracings of a man who claimed total disability due to poor balance. He swayed back and forth with no evident unsteadiness, and was suspected strongly of malingering. The regular lines in the tracing would lead one to the same diagnosis.

REPORT OF CASE

Case 1.—Mrs. M. W., aged 43 years, was admitted to the White Memorial Hospital on January 2, 1942. The history was of being struck by a car at 2:30 P.M. and of falling to the pavement, striking the back of the head. She was unconscious for a few minutes and, on regaining consciousness, attempted to vomit, but brought up very little material. When seen at 10 P.M., she complained of headache that was excruciating, pain in the neck and occiput, nausea and vomiting, pain in the eyes, photophobia, and loss of the sense of smell.

On examination, the patient was found to be quite alert and coöperative, but complaining constantly of severe headache. There was considerable resistance on attempting to bend the neck forward, but not on turning it in other directions. There was tenderness and swelling, with some discoloration in the region of the occiput. Sense of smell was entirely absent on both sides. The optic discs were moderately sharp in outline and pink in color, with almost no physiological cups. The left pupil was smaller than the right. There was no limitation of eye movement, but the patient complained of pain on turning the eyes to either side, and demonstrated fine irregular nystagmus on gaze to either side. Sensation to pin-prick was definitely decreased on the upper and central portions of both sides of the face. There was slight weakness of the right side of the mouth during voluntary movement. Hearing was slightly reduced on both sides by air conduction, but in the Weber test the sound was referred equally to the two sides. Deep reflexes were uniformly a little stronger in the right arm and leg than the left. Superficial reflexes were entirely absent.

The diagnoses were made of mild cerebral concussion, cerebellar contusion, injury of both olfactory tracts, injury of left cerebral hemisphere, and subarachnoid hemorrhage.

Spinal puncture showed initial pressure of over 300 mm. of water, fluid deeply blood-stained and the removal of 15 c.c. lowered the pressure to 150 mm. By this time the headache was almost entirely relieved. On January 4, headache was again severe, although there was less nausea and vomiting. The optic discs were definitely raised and spinal puncture, with the head elevated, showed an initial pressure of 380 mm. of water. Some 5 c.c. of spinal fluid were allowed to escape, when the flow suddenly became quite slow although the pressure measured 185 mm. Passive abdominal compression produced an immediate rise in the manometer, which showed the spinal puncture needle was not obstructed. After waiting for a minute or two, the flow was again rapid and another 13 c.c. of fluid was allowed to escape quite slowly, bringing the final pressure to 160 mm. of water. It seemed that there was almost a block at the foramen magnum, and that a hematoma might be present in the posterior fossa. However, the headache was again relieved and it became better gradually from this time on.

On January 6, all symptoms were improving. By this time discomfort in the eyes was noticed only on turning them toward the right. Also, on gazing to the right, the patient complained of vertigo, and rotary nystagmoid jerks were seen. There was no abnormality on turning the eyes toward the left. Two days later the patient was sitting up in bed and complained of vertigo when she would turn her eyes upward. Now, four months after the accident, the patient still complains of occasional attacks of vertigo when she changes the position of her head.

Although the blow was on the back of the head, it was produced by falling and the dislocation of the brain backward was sufficient to tear the olfactory tracts in front. This illustrates again that the area of brain damage is not limited to the region of the blow on the head. The neurological signs, that were of short duration, were the impaired sensation on the upper parts of the face on both sides, the lower left palatal arch and the discomfort and nystagmus on turning the eyes to the left. These signs must have been due to compression or slight contusion of a diffuse nature in the posterior fossa.

Table 8.—*Function of Cranial Nerves—5 to 12:*

5. Sensation on face—pin, corneal reflex
6. External rectus muscle of eye
7. Facial movement; taste on anterior two-thirds of tongue
8. Hearing; vestibular reactions
9-10. Palatal movement; gag reflex; voice
11. Sternomastoid and trapezius muscles
12. Movement of tongue

ROUTINE TESTS

When first seeing a patient with an acute head injury, the elements of examination that give information regarding the posterior fossa are in Table 7. After the patient becomes ambulant, other tests that can be added include: (1) Romberg test. (2) Gait. (3) Vestibular studies.

For convenience in reference, Tables 1 to 8 present some of the essential symptoms and other data.

COMMENT

It is sometimes necessary to decide upon the validity of a patient's complaint of impaired balance or vertigo resulting from an injury. The malingerer or neurotic hesitates and has difficulty in describing his symptoms in exact terms; and the symptoms do not follow the usual clinical course, lack the proper characteristics, and are not influenced by physiological stimuli in the ways pointed out above. Murphy[11] points out that few malingerers can describe the typical phenomena. Such bizarre effects as the Romberg tracing in Figure 3 stamp the disorder, as far as balance is concerned, as being functional. Thus, in the absence of objective signs to corroborate the patient's complaints, the latter may be considered on their own merits. The finding of cranial nerve lesions in the region of a suspected cerebellar injury lends weight to the latter diagnosis.

SUMMARY

The cerebellum is an organ for controlling and regulating muscle action and for coördinating the various elements concerned in equilibrium. When a part of the cerebellum is destroyed, the remainder, through its diffuse and multiple arrangement of connections, is capable of early substitution and reëducation, so that the resultant disability is minimal.

Cerebellar injuries tend to recover rapidly so that, several months later, objective signs may be scanty, although disturbing symptoms persist. Much of the later difficulty in diagnosis can be avoided by early examination and by following any abnormalities at intervals until they finally disappear or reach their minimum.

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REFERENCES

1. Brunner, Hans: Disturbances of the Function of the Ear After Concussion of Brain, Laryngoscope, 50:921-949 (Oct.), 1940.

2. Echols, Dean: Hematoma of the Cerebellum. University Hospital Bulletin, Ann Arbor, 3:10-11, 1937.

3. Glaser, M.: The Cause of Dizziness in Head Injuries, Annals of Otol., Rhino. and Laryngol., 46:387-408 (June), 1937.

4. Grant, William T.: Visual Disturbances Following Head Injury, Calif. & West. Med., 55, No. 6:298-301 (Dec.), 1941.

5. Grant, William T.: The Romberg Test, Bull. Los Angeles Neurol. Soc., 8:25-30 (March), 1943.

6. Grove, W. E.: The Ear in Head Injuries: Practical Considerations, Annals of Otol., Rhino. and Laryngol., 40:222-241 (March), 1931.

7. Hathaway, S., and McKinley, J.: Modification of the Electromyogram of the Simple Reaction by Cerebellar Lesions, Proc. Soc. Exp. Biol. & Med., 34:783-787, 1936.

8. Holmes, Gordon: The Symptoms of Acute Cerebellar Injuries Due to Gunshot Injuries, Brain, 40:461-535, 1917.

9. Linthicum, F., and Rand, C.: Neuro-otological Observations in Concussion of the Brain, Arch. of Otolaryngol., 13:785-821, 1931.

10. Morsier, G., and Barbey, E.: La Predominance Unilaterale du Nystagmus Provoque. Son Importance Dans l'Etude des Voies Vestibulaires Centrales en Particular Dans les Etats Vertigineux Post-commotionelle, Revue d'oto-neuro-ophthalmologie, 15:654-665, 1937.

11. Murphy, A.: The Ear and Cranial Trauma, Trans. of Pacific Coast Oto-ophthalmol. Soc., 1934:43-57.

12. Portmann, G., and Despons, J.: A Propos des Troubles Vestibulaires Dans le Syndrome post-commotionnel, Revue d'oto-neuro-ophthalmologie, 15:674-679, 1937.

13. Ruf-Stuttgart, Herr: Der Traumatische Retrolabyrinthare Symptomencomplex, Zeitschr. f. Hals-Nasen u. Ohrenheilkunde, 46:291-297, 1940.

14. Zacks, M.: Importance of Vestibular Findings Following Injury to the Head, Arch. of Otolaryngol., 30:601-614, 1939.

CALIFORNIA PHYSICIANS' SERVICE*

Hon. George E. Outland
Santa Barbara

Mr. Outland. Mr. Speaker, every Member of Congress has been deluged with communications relative to S. 1161, the Wagner-Murray-Dingell bill. It seems to me that thus far there has been a maximum of heat and a minimum of light shed on this whole problem of providing better medical care for the great mass of the American people. It is certainly true that there are segments of our population, especially in the middle-income brackets, and in rural areas, that do not have adequate medical and hospital care even in peacetime. Taking steps to provide such care is an important challenge to the American people and especially to the medical profession itself. Unfortunately, many well-meaning individuals who have seen this problem have advocated cures that do not consider some of the other elements in the situation. To me it is tremendously important to preserve the professional standards and practices in the field of medicine, standards and practices which have been built up over a great many years. Moreover, any comprehensive program for medical improvement should be carried out with the active coöperation of the medical profession; it should not be something which is forcibly imposed upon them by legislative dictation. I am optimistic enough to believe that the great majority of American doctors are fully cognizant of the problem and that they are more than willing, yes, anxious to help solve it. Unfortunately, a few short-sighted ones have sometimes given a different impression. In harmony with this belief, I am further of the opinion that the leaders of the medical profession throughout the country should now be taking active steps to put forward a positive program of their own, a program that frankly acknowledges the difficulties to be met and as frankly sets forth, step by step, ways and means of meeting these problems that are in harmony with sound medical ethics.

In California we have been watching with a great deal of interest the development of a plan sponsored by the doctors themselves for the spreading of the cost of illness. We see in that plan a nucleus of a sound, fundamental method of allowing the middle-income worker to insure himself against the expenses of ill-health through an organization which the doctors themselves operate, which is organized not for profit, and which enables the common man to enjoy the best possible medical care at a fixed rate which he can prepay on a monthly basis.

I am referring to California Physicians' Service, which was established in the fall of 1939 and which has gradually been getting its feet on the ground since that time.

There are numerous such plans in many States and countries, plans which are operated by the doctors themselves through their local or State medical associations. We all know that none of these plans is perfect, that all of them have some drawbacks. They are not ideal, but they most certainly show the desire and the determination of many of the leaders of the medical profession to extend their services to the ordinary working man on a basis which he can afford. California Physicians' Service is such a plan and one which many people in California believe to be the best of the various plans already offered because it gives to its members probably the broadest coverage of any of the professional plans so far developed.

Mr. Poulson. Will the gentleman yield?

Mr. Outland: I yield.

Mr. Poulson: I want to compliment my colleague from California, because we in California fully realize that the doctors there do realize the necessity for something to meet the need of proper medical care for low-income groups, and the idea which the gentleman undoubtedly is going to develop, and about which the gentleman is informing the Congress is a substitute which is a practical one for socialized medicine. The California Physicians' Service has been successful

* Speech of Hon. George E. Outland, Congressman from the 11th California District, in the House of Representatives, March 20, 1944.

and will not destroy professional standards, nor will it destroy the one thing which is called the personal ability of the doctor, by regimenting him or discouraging any development of medical science. I think the gentleman should be complimented for bringing to the attention of the Congress a system which is definitely proving successful.

MR. OUTLAND. I thank the gentleman. In many respects he has anticipated some of the points I was going to make.

MR. HOLIFIELD. Will the gentleman yield?

MR. OUTLAND. I yield to my distinguished friend from California.

MR. HOLIFIELD. I, too, wish to compliment my colleague from California on his presentation of this service, which no doubt is not available in many of the States of our Nation. I feel that insofar as possible the doctors of California are trying to work out this problem that faces them both as to their profession and as to the needs of the people in the low-income groups in California. Furthermore, they are working it out in such an equitable way that it will not be a detriment to the professional standards and personal relationship between the private physician and his patient.

MR. OUTLAND. The gentleman is correct. In other words, the plan, as it is being developed by the physicians in our State, is simply trying to accomplish two things at the same time. One, to take a great step forward in providing better medical care for the large masses of our people, and, second, to take that step in harmony with the best practices and traditions of the medical profession.

MR. ROLPH. Mr. Speaker, will the gentleman yield?

MR. OUTLAND. I yield.

MR. ROLPH. I want to join with my colleagues from California in complimenting the gentleman on his very splendid address. The medical profession in San Francisco will be very much interested to hear about this praise of their efforts, and to learn of this discussion which the gentleman is bringing forth. I have received many communications from San Francisco expressing great interest in this question, and I think the gentleman is performing a splendid service in bringing it definitely before the Congress at this time.

MR. OUTLAND. I thank the gentleman for his contribution.

If we look for a moment at what California Physicians' Service has already accomplished and at what has similarly been accomplished by similar plans in other States, we can readily see that the doctors have gone a long way in experimenting in the provision of high-grade medical care through prepayment plans. We can see a definite program for providing medical care for the great moderate-income group of our citizens and providing it on a budget basis which falls well within the means of this group. Further, we see a plan under which the type of medical care provided is the best that the medical profession has to offer to its patients, rich or poor.

No longer are the rich man and the extremely poor man the only ones who can receive the services of the best-qualified specialists. The school teacher, the policeman, the clerk, the truck driver, or any employed person in the same income group is allowed to choose his own doctor from a Statewide panel which includes the best medical practitioners in California. Once the employed person is a member of California Physicians' Service he has only to name his own doctor from more than 5,000 members and to go to that doctor for treatment when he needs it.

There have been criticisms voiced in various quarters that this plan and similar ones are caring for only a limited number of people and that the great bulk of the moderate-income workers of the country are not similarly provided for. It is true that the progress of California Physicians' Service has been relatively slow. And it is also true that only a small percentage of the employed persons in California are today covered by the California Physicians' Service program. But it is a step in the right direction—a big step.

On the other hand, let us look for a moment at the obstacles which the physicians of California had to overcome in bringing their service plan to its present stage of development. First of all, let us not lose sight of the fact that this has been a pioneer movement. There have been no statistics, no actuarial data, for the physicians to rely upon. There has been no experience of earlier programs to furnish a guide to the doctors of California. Each step has had to be taken on the best possible estimate of the consequences. When a full coverage medical-care service was offered to employed persons who knew how many of those enrolled in the plan would visit the doctor each month and require service? Would it be 10 out of every 100, or would it be 50? No one had the answer to that question. No one had ever been offered such a service.

That and hundreds of similar questions have had to be answered by California Physicians' Service on the basis of their own experience in the last 4 years. It is no more than natural that the answers to these questions are evolving slowly. Meanwhile, the doctors who are members of the service are paying the cost of this experimentation. In my opinion, we cannot blame these doctors if they are reluctant to extend their experiments beyond reasonable financial bounds until such a time as they may be more certain of the ultimate effects of their program.

The doctors of California do not have unlimited resources, and they must necessarily proceed carefully in order not to bankrupt themselves. An error of a few cents a month in dues charged the individual subscribers can result in the loss of millions of dollars in the aggregate. As it is, the earlier experimental stages of California Physicians' Service have already cost the doctors of California more than $1,350,000 in reduced fees for service. When the income for the service was insufficient to pay for medical bills,

the doctors voluntarily took half pay so that the plan could survive and grow. They have done this as a means of developing a program which will serve the citizens of California and which may well be used for the service of the citizens of any and all States.

MR. JUDD. Will the gentleman yield?

MR. OUTLAND. I yield to the gentleman, who is himself a distinguished member of the medical profession.

MR. JUDD. I want to commend the gentleman for bringing this matter before Congress. I want to commend the doctors of his State for approaching the problem in such a practical way. There are very few physicians who are at all progressive, who will deny that there is maldistribution of medical care. We have two problems. One, the best grade of medical care; and second, the more equitable distribution to the people, not on the basis of where the money is greatest, but on the basis of where the need is greatest. The easiest way to solve the problem is to run to Washington and get a blueprint that will answer the question. I am convinced that this is like a pilot plant in a new industry. The doctors in your State are blazing the trail by sitting down and taking the losses, if necessary, and planning on the basis of trial and error, a program that will preserve the splendid things in the American system of medical practice, which has given a majority of the people better medical care than any other system in the world, and yet will permit them the growth necessary to meet modern urban civilization and modern industrial civilization. I think all the doctors in the country, as well as the common people, are watching with great interest this experiment in California, and those in other States, including my own State, are learning from it. My own State led the Nation. It tried a whole series of programs or plans. A few counties here, a few counties there tried another plan, and another few counties tried a third plan. I think this one that has been worked out in California and another one in Michigan have been more satisfactory. I appreciate the gentleman's interest in this subject, which is very close to my heart.

MR. OUTLAND. I thank the gentleman very much. The subject is one that is very close to me personally, as well as being one of the greatest importance to the people of our own State. I thank the gentleman on behalf of our California doctors for his complimentary remarks. I know they are well deserved.

These contributions by the doctors are still mounting, month by month. In my opinion, the doctors of California are doing a noteworthy piece of work in developing a comprehensive program of medical care which is saving the American public millions of dollars in experimental costs.

With the background of information already gained by California Physicians' Service and by similar plans in other States, it is evident that we may look forward to a much more widespread development of health insurance in the near future. It is certain also that when a final plan is fully worked out it will contain the necessary physician-patient relationship, without the interference of an intermediary third party. This is true today of California Physicians' Service.

We all know how the cost of medical care has been placed on a budget basis by the hospitals. By grouping themselves together and forming nonprofit insurance companies, the hospitals have been able to offer the public a prepayment plan for meeting hospital costs. Today there are hundreds of plans in operation throughout the country, under the banner of the Blue Cross and similar national organizations. They offer hospital service in any one of thousands of member hospitals, here or anywhere in the world, at a cost to the subscriber of from 60 to 90 cents a month. Here is a budget plan which has been worked out by the medical and hospital groups themselves and which today is a going business, serving more than 12,000,000 subscribers in every State in the Union.

These hospital plans point the way to a further development of medical-care plans. The doctors of the country have been intimately associated with the growth of the hospital plans, and in many cases the doctors have joined forces with the hospitals in providing both hospital and medical care for subscribers.

In California there has been another development which is worthy of note. We have seen California Physicians' Service make contracts with the Federal Government for the care of thousands of persons who are, directly or indirectly, charges of the Government. The first development of this type was among the low-income farm families and were borrowers from the Farm Security Administration. California Physicians' Service provided a plan whereby these farm families could obtain, at a nominal monthly cost, a complete medical and hospital care service. This service has been acknowledged as having maintained the health of these farm families at such a high level that vital farm production has been continued practically without interruption by illness.

More recently California Physicians' Service has entered into contracts with Government housing authorities in half a dozen California cities. In these war-disrupted areas, this service has established medical centers where early and complete diagnosis of illness has been possible and where the resident families have been able to obtain medical care which otherwise would have been denied them because of the boom-town nature of the communities. More than 50,000 of our essential war workers are today being provided with the best medical care under this program. The war workers are happy about it; the doctors are coöperating in it; the Nation's war effort is being well served by it.*

* Ed. Note.—Congressman Outland's article is concluded on page 230. (In right-hand column, immediately above the department of "Medical Jurisprudence.")

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

KARL L. SCHAUPP, M. D.....President
LOWELL S. GOIN, M. D.....President-Elect
E. VINCENT ASKEY, M. D.....Speaker
PHILIP K. GILMAN, M. D.....Council Chairman
GEORGE H. KRESS, M.D..Secretary-Treasurer and Editor
JOHN HUNTON.....Executive Secretary

Chairman of the Board:

Albert J. Scholl, Los Angeles

Executive Committee:

Lambert B. Coblentz, San Francisco
Fred D. Heegler, Napa
Albert J. Scholl, Los Angeles
George W. Walker, Fresno

Anesthesiology:

H. R. Hathaway, San Francisco
Ernest H. Warnock, Los Angeles

Dermatology and Syphilology:

William H. Goeckerman, Los Angeles
H. J. Templeton, Oakland

Eye, Ear, Nose and Throat:

Frederick C. Cordes, San Francisco
L. G. Hunnicutt, Pasadena
George W. Walker, Fresno

General Medicine:

Lambert B. Coblentz, San Francisco
L. Dale Huffman, Hollywood
Mast Wolfson, Monterey

General Surgery (including Orthopedics):

Frederic C. Bost, San Francisco
Fred D. Heegler, Napa
William P. Kroger, Los Angeles

Industrial Medicine and Surgery:

John D. Gillis, Los Angeles
John E. Kirkpatrick, Shasta Dam

Plastic Surgery:

William S. Kiskadden, Los Angeles
George W. Pierce, San Francisco

Neuropsychiatry:

Olga Bridgman, San Francisco
John B. Doyle, Los Angeles

Obstetrics and Gynecology:

Daniel G. Morton, San Francisco
Donald G. Tollefson, Los Angeles

Pediatrics:

William W. Belford, San Diego
William C. Deamer, San Francisco

Pathology and Bacteriology:

Alvin J. Cox, Jr., San Francisco
R. J. Pickard, San Diego

Radiology:

R. R. Newell, San Francisco
Henry J. Ullmann, Santa Barbara

Urology:

Lewis Michelson, San Francisco
Albert J. Scholl, Los Angeles

Pharmacology:

W. C. Cutting, Menlo Park
Clinton H. Thienes, Los Angeles

† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL CALL

To the Officers and Members of the California Medical Association:

The seventy-third annual session of the California Medical Association will be held at Hotel Biltmore, in Los Angeles, on Sunday, May 7th, and Monday, May 8th, Nineteen hundred and forty-four.

The House of Delegates will convene on Sunday, May 7th, at 12:00 o'clock noon.

The Scientific Assembly of the Association will open with the General Meeting, held on Sunday, May 7th, at 9:00 A.M. General Meetings will also be held on Sunday afternoon and Monday morning.

The thirteen Scientific Sections of the Scientific Assembly will meet Monday afternoon, May 8th, at 1:30 o'clock.

The C.M.A. Council will convene for its 316th meeting on Saturday, May 6, 1944, at 2:00 P.M.

KARL L. SCHAUPP, *President.*
E. VINCENT ASKEY, *Speaker, House of Delegates.*
PHILIP K. GILMAN, *Chairman, Council.*

ATTEST:
GEORGE H. KRESS, *Secretary.*
San Francisco, California, February 23, 1943.

A.M.A. House of Delegates

The House of Delegates will convene at 10:00 A.M., on Monday, June 12, 1944, in the Red Lacquer Room of the Palmer House, Monroe Street between State Street and Wabash Avenue, Chicago, Illinois.

REPRESENTATION

The apportionment of delegates made at the Chicago Session of 1943 entitles your State Association to eight delegates for 1944-45-46.

"A member of the House of Delegates must have been a member of the American Medical Association and a Fellow of the Scientific Assembly for at least two years next preceding the session of the House of Delegates at which he is to serve.

"Delegates and alternates from constituent associations shall be elected for two years. Constituent associations entitled to more than one representative shall elect them so that one-half, as near as may be, shall be elected each year. Delegates and alternates elected by the sections, or delegates appointed from the United States Army, United States Navy and United States Public Health Service shall hold office for two years."—*Chap. I, Secs. 1 and 2, By-Laws.*

The Scientific Assembly of the A.M.A. will open with the General Meeting, held on Tuesday, June 13, 1944, at 8:00 P.M. The various Scientific Sections will meet on Wednesday, June 14, at 9:00 A.M.

Proposed Amendment to Section 3(a) (2) of Chapter II of the By-Laws of California Medical Association

Paragraph 2 of subsection (a) of Section 3 of Chapter II of the by-laws of this Association, California Medical Association, is hereby amended by deleting from said paragraph 2 the sentence reading as follows:

"At the expiration of the terms of office of the respective members of such Committee successors shall be

elected in like manner to serve for a period of one (1) year each."

and by substituting in lieu of said sentence the following:

"At the expiration of the terms of office of the respective members of such Committee successors shall be elected in like manner to serve for a period of three (3) years each."

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Fifteenth (315th) Meeting of the Council of the California Medical Association

The meeting was called to order in the Empire Room of the Hotel Fairmont in San Francisco, at 10:30 A.M., on Sunday, March 5, 1944.

1. **Roll Call:**

Councilors Present: Philip K. Gilman, Chairman; Karl L. Schaupp, Lowell S. Goin, William R. Molony, Sr., E. Vincent Askey, E. Earl Moody, Edwin L. Bruck, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Calvert L. Emmons, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and Secretary George H. Kress.

Councilors Absent: Donald Cass.

Present by Invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman, Committee on Public Policy and Legislation; John Hunton, Executive Secretary; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel; Ben Read, Secretary, Public Health League; T. Henshaw Kelly, A. E. Larsen, Bryan Kelly, and W. Glenn Ebersole of the California Physicians' Service.

2. **Minutes:**

Minutes of the following meetings were submitted:

(a) San Francisco meeting of the C.M.A. Council (314th), held on January 23, 1944. (Abstract printed in C. & W. M., March, pages 101-105.)

Councilor Kindall called attention to the report of the Special Committee on Permanente Hospital, and stated that, while the Council had informally approved the report, it had not taken official action. On motion duly made and seconded, it was voted to insert in the minutes of the 314th meeting that the recommendations contained in the report of the Special Committee were approved by the Council.

The minutes of the 314th meeting of the Council were then approved as amended.

(b) Report was made on an informal meeting of members of the Executive Committee, held on Monday, February 7, 1944.

3. **Membership:**

(a) A report of the membership, as of February 4, 1944, was submitted and placed on file.

(b) Upon motion made and seconded, it was voted to reinstate one member whose membership had automatically lapsed on April 1, 1943, and whose dues had been paid since the last Council meeting, held on January 23, 1944.

(c) Upon motion made and seconded, Retired Membership was granted to the following members whose applications had been received in accredited form from their respective county societies:

Albert T. Charlton, Los Angeles County
Gail Fehrensen, Los Angeles County
C. E. Schoff, Sacramento County
Anita M. Muhl, San Diego County
Walter H. Winterberg, San Francisco County

(d) Upon motion made and seconded, Life Membership was granted to the following member whose application had been received in accredited form from his county society:

William Arthur Rowell, Shasta-Trinity County

4. **Financial:**

(a) A cash report, as of March 4, 1944, was submitted.

(b) Report was made concerning income and expenditures for February, and for the two months ending February 29, 1944.

(c) A balance sheet, as of February 29, 1944, was submitted.

Upon motion made and seconded, the above reports were received and placed on file.

(d) Upon motion made and seconded, it was voted that the California Medical Association pay to the "Trustees of the California Medical Association" the sum of $16,303.07, the same being the final payment on a loan from the "Trustees of the C.M.A."

5. **Osteopathic Conferences:**

In answer to queries, it was stated that while the Association of American Medical Colleges and the A.M.A. Council on Medical Education and Hospitals were presumably in favor of certain procedures, the Federation of State Medical Boards of the United States had raised objections to the tentative plans under consideration. For the time being, the matter so rests.

6. **Malpractice Insurance Premiums:**

For the C.M.A. Committee on Medical Defense, its Chairman, Dr. Nelson J. Howard, submitted a written report.

After discussion, it was voted to accept the report, and the Council Chairman was authorized to appoint the special committee recommended.

The committee appointed consists of Nelson J. Howard, M.D., San Francisco, Chairman; Louis J. Regan, Los Angeles; and Hartley F. Peart, Esq., San Francisco.

7. **1944 Annual Session:**

The C.M.A. Committee on Scientific Work submitted a memorandum report concerning the 73rd Annual Session to be held in Los Angeles on Sunday-Monday, May 7-8, 1944.

It was also stated that this year no commercial or scientific exhibits would be presented. Otherwise, the general program would be in line with the sequence of events given at last year's Annual Session.

It was stated that Dr. Alice Hamilton, Professor of Industrial Medicine at Harvard University, would be guest speaker, and that other invited guests would include prominent members of the Army and Navy.

On motion made and seconded, it was voted that the Local Committee on Arrangements, L. A. Alesen, Chairman, be given authority to have up to $1,000 available for expenses.

8. **Agricultural Workers Health and Medical Association:**

President Karl L. Schaupp, Chairman of the special committee, stated that word had been received that President Roosevelt had signed Public Law 229 of the 78th Congress on February 14, 1944, the same dealing with H. J. Resolution 208. It was stated that P.L. 229 contained the safeguarding provisions concerning maintenance of health and medical care procedures for needy migratory workers in agriculture, which had been advocated by the California Medical Association. President Schaupp expressed appreciation to Association Secretary Kress for carrying on the correspondence and other work relating to the matter.

9. **"California and Western Medicine":**

A memorandum report was submitted and accepted concerning California and Western Medicine. It was stated that, commencing with the April issue, the Official Journal would be printed by the Wolfer Company in Los Angeles.

Under existing conditions, with the sharp decrease in

size of the Official Journal, owing to the Governmental directive, it was not deemed feasible to make CALIFORNIA AND WESTERN MEDICINE also the official journal of the Nevada State Medical Association.

Space limitations in regard to the one page previously allotted to the Woman's Auxiliary were also outlined. It was stated that a synopsis of the official proceedings of the Woman's Auxiliary could be given space, but that the prevailing space limitations made it inadvisable to print accounts of social gatherings.

10. Public Opinion Survey Concerning Medical Practice in California: Need of Readjustment in Set-up of California Physicians' Service:

Lengthy discussion was had in which many members of the Council participated relative to the facts brought out in (1) the survey by Mr. John R. Mannix on "Voluntary Health Plans in California," printed in C. & W. M., November, 1943, page 258; (2) the public relations survey on reaction of citizens in California toward medical practice, as made by Foote, Cone and Belding in November, 1943, and referred to in C. & W. M., November, 1943, page 273, and March, 1944, page 102; (3) California Physicians' Service and Hospitalization Organization Liaison Committee activities, as referred to in C. & W. M., November, 1943, page 273, and March, 1944, page 103. References were also made to the Interpretative Report of Mr. John R. Little of Foote, Cone and Belding and of the lengthy 200-page survey report presented by his firm.

The minutes of the meeting of the Liaison Committee of Ten, held on December 12, 1943, and of the two subsequent meetings of the Committee of Eight, held on January 22, 1944, and February 9, 1944, were also referred to in regard to proposals made and actions taken.

It was agreed that California Physicians' Service,—which had been brought into being by the California Medical Association, to give medical service to lower income citizens of California,—would be in a stronger position to carry on its work if C.P.S. were made a more intimate part and parcel of the California Medical Association. Such readjustment was the more necessary because California Physicians' Service, as a statewide plan under the control of the medical profession, presented as good or better opportunity for acquainting citizens of California with the efforts of the California Medical Association to provide adequate medical service than any other agency that might be proposed or organized. The intimate relationships existing between medical service proper and hospitalization service proper were discussed, and the need to bring about an harmonious readjustment in regard thereto was repeatedly emphasized.

The importance of giving advance information to delegates and alternates who will act as such in the House of Delegates of the California Medical Association at the Annual Session in Los Angeles was brought out, and it was agreed that steps should be taken to that end, so that the members of the C.M.A. House of Delegates should be able to act to best advantage in the consideration of the important problems which are now confronting the medical profession, not only to California, but of the United States.

On motion by Askey, seconded by Powell, it was voted that the interpretative report of Mr. Little, for Foote, Cone and Belding, and a summary of the more detailed report that had been submitted should be sent to all duly elected delegates and alternates to the C.M.A. House of Delegates.

After further discussion, on motion by Councilor Cline, Chairman of the Committee on Reorganization of California Physicians' Service, duly seconded, the following resolutions were unanimously adopted:

Resolution

1. That there be no change in the general form or functions of California Physicians' Service.

2. That there be no important change in the form and scope of contracts at the present time and that any changes made in the near future be based upon actuarial findings or other important considerations.

3. That no body other than the Trustees of California Physicians' Service possesses the intimate knowledge of the organization, administrative methods and personnel of the California Physicians' Service office required to make intelligent suggestions for their reorganization and that the Council take no action relative to these matters.

4. That the Board of Trustees of California Physicians' Service be requested to require that the employees of California Physicians' Service exercise the greatest possible effort in the field of public relations—as applied to the general public, beneficiary members and physicians.

5. That the Council request that California Physicians' Service take steps to constitute the House of Delegates of the California Medical Association as district members of the Board of Administrative Members of California Physicians' Service and to this end introduces the following motion:

MOTION

WHEREAS, It is the sense of the Council of the California Medical Association that due to various circumstances beyond the control of any individual or individuals the present administrative membership of California Physicians' Service has not functioned in the manner and to the extent originally contemplated by the founders of California Physicians' Service; and

WHEREAS, It is believed by the Council that it will create greater interest in and support of California Physicians' Service by the medical profession if the doctors of medicine who are district administrative members of California Physicians' Service are those persons who at the time are also members of the House of Delegates of the California Medical Association; now, therefore, be it

Resolved, That the Board of Trustees and the administrative members of California Physicians' Service are hereby requested to initiate and carry through to a successful conclusion all steps and proceedings necessary to change those provisions of the articles of incorporation and by-laws of California Physicians' Service that relate to the number, qualifications, method of election and tenure of membership of administrative members in California Physicians' Service to the end that the "district" administrative members of California Physicians' Service shall be those doctors who are members of the House of Delegates of the California Medical Association; and be it

Further Resolved, That said Board of Trustees and administrative members of California Physicians' Service are further requested to use their best efforts to accomplish said change on or before May 6, 1944, so that if possible the "district" administrative members of California Physicians' Service at the next annual meeting of administrative members to be held on said day or shortly thereafter can be those persons who are at the same time, members of the House of Delegates of the California Medical Association; and be it

Further Resolved, That the Council hereby expressly states that the requests hereinabove made are not intended as any reflection on or criticism of, or desire to remove from participation in California Physicians' Service those administrative members who are not doctors of medicine, but that on the contrary it is the express desire of this Council that the Board of Trustees and administrative members of California Physicians' Service in carrying out the changes above recommended continue the provisions for administrative members at large who may be either doctors of medicine or interested representatives of other professions and groups.

Resolution

WHEREAS, C.P.S. was created by the C.M.A. to meet certain needs which still exist, and evidence of this fact is borne out by the recent report of Foote, Cone and Belding; and

WHEREAS, C.P.S. is recognized as the best means which the medical profession of California possesses to combat the threat of socialized medicine; therefore be it

Resolved, That the Council of the California Medical Association express its determination to support, further, expand and improve California Physicians' Service.

* * *

Resolution

WHEREAS, The California Medical Association has repeatedly affirmed the principle that hospitalization service should be rendered by hospitalization organizations and that medical service, including radiology, pathology and anesthesiology, should be provided by organizations of physicians; and

WHEREAS, the Committee of Ten (now the Committee of Eight) representing the California Medical Association, Association of California Hospitals, Hospital Service of California, Intercoast Hospitalization Insurance Association, Hospital Service of Southern California, and California Physicians' Service, was created in good faith to accomplish a merger of the three hospitalization plans and California Physicians' Service in agreement with the stated principle and along the general lines of the Mannix Report; and

WHEREAS, Such merger depends more upon the will to create one statewide organization than upon legal and technical details; and

WHEREAS, Machinery for the arbitration of differences of opinion was suggested in the original motion creating the Committee of Ten; and

WHEREAS, Progress toward such accomplishment has been slow and characterized by actions and objections indicating an unwillingness on the part of certain representatives of organizations to coöperate in effecting the merger; and

WHEREAS, The California Medical Association is committed to the policy of improvement and expansion of California Physicians' Service and considers delay to be dangerous and unwarranted; therefore be it

Resolved, That California Physicians' Service be requested to continue participation in the Committee of Eight until such time as no further effective progress is being made, but in no event beyond 30 days unless satisfactory progress be made within that time; and be it further

Resolved, That if negotiations to the end of establishment of a unified statewide plan are not fruitful, California Physicians' Service be requested to conclude arrangements with such hospitalization organizations or organization as may be willing to enter into an agreement for statewide coverage with California Physicians' Service; and be it further

Resolved, That the Council do and hereby does eliminate any provision of geographical restriction in its approval of hospitalization organizations; and be it further

Resolved, That unless satisfactory arrangements can be made within a reasonable period (namely, within 60 days of this Council meeting of March 5, 1944, to permit report and action by the C.M.A. House of Delegates at the Annual Session commencing on May 6, 1944), California Physicians' Service be requested to proceed at once to cover the hospitalization of its own contracts without regard to similar contracts being issued by other organizations.

On motion by Goin, seconded by Kneeshaw, it was voted that the sum of not to exceed twenty-five thousand dollars ($25,000.00) be allocated to cover the work that had been discussed in connection with the public relations survey of Foote, Cone and Belding and the objectives of California Physicians' Service; the money so allocated to be expended under the supervision of the Executive Committee of the California Medical Association, and the Executive Committee to have authority to engage the services of public relations and other personnel to carry on the work along the lines discussed and agreed upon in the Council.

11. Resignation of C.M.A. Delegates and Alternates to the American Medical Association:

The subject,—how best to attain the achievement of the objectives that had been outlined in the previous considerations concerning the attitude of the public to the medical profession, with special relation to proposed federal and other legislation, and ways and means whereby legislators might be better informed on public health and associated needs, through establishment of a Bureau of Information at Washington, D. C.,—received continued exchange of opinion and discussion by Councilors.

On motion by Askey, seconded by Kneeshaw, it was voted (no negative votes being cast), that the following resolution be adopted:

Resolved, That a letter be sent to every C.M.A. Delegate and Alternate to the A.M.A., in which it would be stated that it is the judgment of the C.M.A. Council that each of such C.M.A. Delegates and Alternates to the A.M.A. tender his respective resignation; the C.M.A. House of Delegates at the Annual Session in May next to fill all vacancies in the list of C.M.A. Delegates and Alternates to the A.M.A. The Council, in making this request of the present C.M.A. Delegates and Alternates, takes such action without prejudice to them. The Council fully appreciates the loyal service rendered by the present Delegates and Alternates, but in view of the grave issues to be presented to the C.M.A. House of Delegates in May next, the Council feels it desirable that the C.M.A. House of Delegates shall have a free hand in deciding whom it wishes to present these matters to the A.M.A. House of Delegates in Chicago in June next.

12. Committee on Public Policy and Legislation:

Dr. Dwight H. Murray, Chairman of the C.M.A. Committee on Public Policy and Legislation, gave a detailed report concerning the formation of the United Public Health League, accounts of which have appeared in CALIFORNIA AND WESTERN MEDICINE, for January, on page 27, February on page 45, and March on page 109.

Dr. Murray reported on the recent national conference on Medical Service and other meetings held in Chicago during the week of February 13th, and stated that the reactions to his own address and the talk by Mr. Ben Read, Secretary of the Public Health League of California, had received favorable comment from many members who were present.

Information was also given concerning the conferences with the recently organized A.M.A. Council on Medical Service and Public Policy, and the prospective activities of various agencies. As regards the Bureau of Public Health Information to be organized in Washington, D. C., reference was made to an item appearing in *J.A.M.A.* for February 26, 1944, on page 583, in which the scope of the A.M.A. Council on Medical Service and Public Relations was briefly indicated, and also to conferences with Officers of the American Medical Association.

Dr. Murray also reported on the informal conference in San Francisco with local members of the C.M.A. Executive Committee, at which report had been made.

Mr. Ben Read also gave a report in considerable detail concerning his experiences in Chicago.

Dr. Murray stated that the United Public Health League would proceed to establish in Washington, D. C., on or about March 20th, a Bureau of Public Health Information such as had been approved by the C.M.A.

Council at its 314th meeting on January 23rd, as noted under Item 6 (C. and W. M. for March, 1944, on page 103), of the minutes, and this proposed action received the general approval of the Council.

13. Legal Department:

For the Legal Department, Legal Counsel Hartley F. Peart made the following report:

Mr. Peart reported on the present status of the Association's application to the Industrial Accident Commission for the adoption of a new, adequate and complete fee schedule for medical and surgical fees in industrial compensation cases.

Mr. Peart stated that the first compensation fee schedule was adopted about 30 years ago; it had been amended in June, 1920; by this amendment, the schedule was then increased about 25 per cent; since that date no changes have been made; the schedule enumerated and now enumerates 87 procedures and operations and the proposed complete schedule 543; that the association's application was filed in October, 1942, and a public hearing held February 15, 1943, since which time the Commission had kept the matter under advisement; the Commission deferred action pending the adoption of possible legislation which would give the Commission more control over practices connected with the act, preventing rebating, etc., but that efforts to amend the law had been unsuccessful due to withdrawal of support by certain labor leaders that on May 21, 1943, the chairman of the Commission had suggested, in a letter to the chairman of the Council, that if a long range program of control and discipline were adopted by the profession, the way would be cleared for action on the application; pursuant to this suggestion, the members have been circularized and the Commission was notified late in December, 1943, that signed pledges of nearly 6,000 physicians had been obtained, agreeing to abide by the fee schedule adopted by the Commission and to observe the ethics in this practice, and requesting that, as the chairman's suggestions had been effectively carried out, action then be taken by the Commission upon the application.

That under date of January 4, the chairman of the Commission had stated that the Commission felt it could not handicap the State Fund by the adoption of the new fee schedule which would not be observed by some of the privately owned insurance companies competing with the Fund, and that the Commission would not be able to act without proper legislation which would bind such private carriers as well as the Fund. That Chairman Gilman had replied to this letter, stating that, in the opinion of the Association, the competitive position of the public and private carriers was no justification for continuing to pay physicians inadequate fees; that the existing fee schedule had become obsolete, inadequate and unfair for lack of revision for over 23 years and that the arguments made by the chairman were as applicable in 1913 when the fee schedule was first established as they are today; that the profession should not be compelled by the Commission to continue to furnish these services at inadequate and unfair compensation to physicians, merely because adequate and fair compensation would result in increased expenditures by insurance companies; that the basic consideration is the welfare of the injured workman and not any other interest.

It was recommended that a special committee be created to make further representations in reference to this matter and on motion of Councilor MacDonald, duly seconded, the appointment of such a committee by the chairman of the Council was duly authorized.

14. Medical Service in Contra Costa County (Richmond District):

The problems which had arisen in the war industry area of the City of Richmond and adjacent territory were discussed. After consideration of the needs and the possibility of having California Physicians' Service move in and take over the work, rather than some commercial or other group not intimately connected with the medical profession, it was agreed that the California Medical Association should underwrite the medical care plan.

Dr. A. E. Larsen, of California Physicians' Service, stated that C.P.S. was willing to undertake the work if it was the wish of the California Medical Association, but that C.P.S. could not legally use funds received for other specific medical care to beneficiary members for such purpose.

Upon motion made and seconded, it was voted to underwrite the proposed plan to the amount of $2,000 per month for a period of three months, it being stipulated that a substantial majority of the members of the Contra Costa County Medical Society should express their willingness to coöperate in fullest measure in the plan when the facilities were made available by the Federal Housing Authorities for the establishment of an infirmary set up by C.P.S.

15. Health Department Quarantine:

Councilor E. Earl Moody of Los Angeles called attention to a recent experience with an Officer of the Los Angeles Health Department, in which the Health Department Official contended he possessed rights to make diagnoses, etc., in addition to placing the quarantine placard on the house, the diagnosis of poliomyelitis having been made on the house.

After discussion, Councilor McClendon of San Diego, who is a member of the State Board of Public Health, stated he would call the matter to the attention of the proper authorities in order to clarify procedures in such work.

16. Time and Place of Next Meeting:

On motion made and seconded, it was voted that the 316th meeting of the Council be held in Los Angeles at the Hotel Biltmore on Saturday afternoon, May 6, 1944, beginning at the hour of 2:00 P.M.

17. Adjournment.

PHILIP K. GILMAN, *Chairman.*
GEORGE H. KRESS, *Secretary.*

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Three Years of War Predicted

Three years more of war, with every inductee scheduled for full-time combat duty, has been predicted by Rear Admiral Ross T. McIntire, surgeon general of the Navy and personal physician to the President.

Doctor McIntire, speaking of the return to civilian life of army doctors, told a meeting sponsored by the American Medical Association that "it would be safe to plan on three more years of war."

"I would like to say that the year following the end of the war we will be able to release two-thirds of the physicians in service to civilian life, but this is very doubtful. If we are going to hold the peace we will have a world wide responsibility to our troops of occupation and to the civilian populations of the occupied countries."

Maj. Gen. George F. Lull, deputy surgeon general of the army, blamed the attitude of persons on the home front for many psychiatric breakdowns among soldiers.

Soldiers' mail, he said, contained too many sentiments such as "I can't get along without you," and "when can

you get home." Letters, he said, should encourage the soldier to "get the job done," so that he could return sooner.

6,300 More Doctors Needed By Government

With increased casualties inevitable as the tempo of the war steps up, the Army, Navy, Marine Corps and Public Health Service must have an additional 6,300 physicians and surgeons trained and ready for front line action by July 1, Lieut. Col. Durward G. Hall, chief of the procurement branch of the military personnel division of the surgeon general's office, recently declared

Colonel Hall said a 1943 survey revealed there were more than enough doctors, not essential to civilian needs, to meet all military demands. A figure of one doctor to every 1,500 civilians has been found basic for proper medical care.

The medical profession alone, can decide how many of its members are available for military service, Colonel Hall pointed out.

A Job for All of Us

In an editorial addressed to "Our Colleagues in Service," the physicians and surgeons of the nation who are bringing life to men who have come to expect only death on battle fronts throughout the world, the *Bulletin of the Los Angeles County Medical Association* presents a powerful demand that the doctors who remain at home keep faith with those who are away.

"We want you to be free after this war," the editorial says, "to treat your patients as you know they should be treated and not as some bureaucrat tells you to treat them." Other portions of the editorial follow:

"We are proud of you, prouder than we can say in words. You have given up everything you value in life, except honor, with admirable cheerfulness and you did not wait to be drafted. You have had long weeks of drill and training. Individualists that you are, you have of necessity accepted regimentation. You have endured heat, mosquitoes, disease and bitter cold. You have fought vicious and deadly enemies and have gained the praise and admiration of the civilized world. Not that it seems remarkable to you. You are only doing the job and applying the knowledge and skill you gained in peace to the needs of war.

"But remember this. At home your fine work seldom got the attention it deserved. It was expected of you and that was all, like so many other good things which Americans take for granted. It is different now. The whole world knows how you have saved the lives of wounded men, as lives were never saved before the war, and how you have beaten the pestilential jungle and enabled men to live where men never lived before. It has seen you restore battle-shattered wrecks to hope and usefulness. You have carried the gospel of healing based on knowledge to all people. You have struck a death blow at witchcraft and quackery. Millions of soldiers have learned the value of good medical care. They will never again be content with less.

"We at home owe a duty to you who serve the nation. It is that we strive with all our strength to keep our land as fine as it was when you went away. Wartime gives agitators and dreamers of all sorts a golden chance to inflict their theories upon a suffering people under the cloak and mask of necessity. Those who want to regiment doctors are especially active. They proclaim that you men in service are growing so fond of being told what to do that you will be loath to regain your individuality when the war is over. They say that nothing will interest you as much as security, with a pay check every month, two weeks' vacation every summer and retirement at age 64. They point to the warm, well-fed hog living in a pen during his master's pleasure and say how much better is his lot than that of the cold, wet, and hungry razorback who roots in the forest for acorns. They forget that you are sprung from pioneers who, like the razorback, held independence and freedom dear above all else.

"We trust we may protect your birthright until you return, but we know it will not be easy. Powerful forces are abroad in the land seeking to apply production line methods to the art of medicine. Already vast salients have been taken by the forces of government medicine. We know that the higher cost of modern care must be partly met by using the principle of insurance, but it makes a vast difference how that principle is applied. We want you to be free after this war to treat your patients as you know they should be treated and not as some bureaucrat tells you to treat them. Working together in freedom we have given America the lowest death rate of all time, anywhere. Let us, with God's help, keep it so."

The doctors in service will find, upon their return, that hundreds of thousands of their nonprofessional fellow citizens have joined with physicians throughout the land in combating a trend toward socialized medicine by those who would like to "apply production line methods to the art of medicine."—Glendale *News-Press*.

Nurses Needed for the Armed Forces

The need for nurses for the armed forces is so great that physicians who are now employing trained nurses in their offices are being asked to review their needs for such nurses; if possible, these nurses should be released for the actual care of the acutely sick in the community or for active service with the armed forces. All those under age 45 who are physically qualified for military service should be urged to join the military forces without delay; those above 45 or not physically qualified for military service should be urged to enter essential community service, such as group private nursing in hospitals, staff duty in hospitals, public health nursing or industrial plant nursing.

Physicians who now have trained nurses in their offices are asked to coöperate in this program as a means of maintaining hospital service and of meeting community needs in the face of the tremendous demands of the Army and Navy for nurses. If hospital service cannot be maintained, many physicians will find themselves handicapped in their practices.

It is recognized that in many physicians' offices there is an actual need of nursing service. In such instances the office nurse should be retained or should be replaced by another trained nurse who is not eligible for military service. On the other hand, where a trained nurse is employed in a physician's office in a nonnursing capacity, her status should be thoroughly reviewed with a thought toward releasing her for active nursing service in the military forces or in the essential community nursing services.

Procurement and Assignment Service for Nurses has the responsibility of reviewing individual cases and the coöperation of all physicians is asked by that service as an aid to the war effort. The problem now is one of utilizing to the utmost the skills of all trained nurses, particularly those who may now be doing services which an untrained person could assimilate.

Retirement of Dr. George Baehr of the Office of Civilian Defense

The United States Office of Civilian Defense recently announced that its Chief Medical Officer, Dr. George Baehr, had retired on March 1, after two and a half years of service. He was succeeded by Dr. W. Palmer Dearing, who has been Assistant Chief Medical Officer since the establishment of the Medical Division of the Office of Civilian Defense.

The program and policies of the Medical Division as developed in the past two and a half years will continue unchanged, Dr. Dearing said in releasing the following statement:

"The Emergency Medical Service, the Casualty Receiving and Emergency Base Hospitals, the plans for Emergency Medical Service to industrial plants, and the plans for mutual aid on a statewide or regional basis for distribution in an emergency of personnel, equipment and supplies, including blood plasma, must be maintained.

Paper Shortage: Paper Needed in War Effort

(COPY)

WAR PRODUCTION BOARD

March 1, 1944.

Dear Dr. Kress:

Waste Paper is our *Number One Critically Needed* raw material!

Your publication can play a vital rôle in aiding the national waste paper salvage campaign within the hospital and medical fields. Such assistance as you can give will help directly to supply the paper needs of our Armed Forces, our war production plants, and our essential civilian needs. . . .

Whatever method is in use today in the average hospital, there are four immediate and additional steps that should be taken to accelerate at once the waste paper collection.

(1) Appoint and hold responsible some member of the hospital personnel to head and correlate the paper salvage program.

(2) Take immediate steps to scrap old records by using the micro-film process.

(3) Publicize the waste paper drive with bulletins or posters in every department, with short talks and appeals to staff personnel.

(4) Set up a system of waste paper collection with every possible source of waste paper checked at regular intervals. . . .

Thanking you for your coöperation, I am,

Very truly yours,

S. J. SUTTON.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

WAGNER-MURRAY-DINGELL BILL (S. 1161; H. R. 2861)

Reader: Have you written your Congressman? You will find his name and Washington address in the November issue of "California and Western Medicine," on pages 284 and 285. The time to act is now- As one of your Congressman's constituents, acquaint him with your point of view. Every physician owes this to the welfare of his fellow citizens, his profession, and himself.

For additional information concerning Wagner-Murray-Dingell bill (S. 1161), see department of Committee on Public Policy and Legislation in previous issues of "California and Western Medicine."

American Bar Association Opposes Wagner-Murray-Dingell Bill (S.1161)

At its recent annual session the House of Delegates of the American Bar Association opposed the Federal Medical Security Bill and contended it is a "direct attack on the rights and liberties of the citizens of this country."

The members unanimously approved a resolution which declared that under such a program "the physician will become merely an unambitious Federal employee or a politically ambitious doctor." It added:

"To safeguard a minimal percentage of the population which has difficulty in obtaining complete medical service, the bill would put all the people in a medical strait jacket under the supervision of the Federal government for an alleged service which the vast majority either do not require or are able to provide for themselves. A patient will become the guinea pig supplied by the government and the excuse for the payment of subsidies to a controlled profession for its routine services."

The resolution held that the legislation would give the surgeon general "the power arbitrarily to make rules and regulations having the force and effect of law which directly affects every home."

It maintained that the measure offers no safeguards for patients, hospitals, citizens or doctors against the "capricious action of one man," and fails to provide for a court appeal of the surgeon general's actions.

Public Told of Dire Consequences to Health in Socialized Medicine

S. 1161 in Congress Sheer Politics, Declares Fulton Lewis, Jr.; A.M.A. Resistance Found Wanting in Effectiveness

By FULTON LEWIS, JR.

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Washington, March 11.—Politics, since the first caveman learned that he could coax instead of beat his way to the top, has been a simple formula: Call the attention of the many to the things they do not have, and promise to furnish those things if you're elected.

Senators Wagner of New York and Murray of Montana are no exceptions. They are sponsoring, at the moment, a bill to socialize medicine in the United States. They propose a program under which the Government would take over the medical care of about 90 per cent of the American public.

The American Medical Association, headed by snow-crested Dr. Olin West and the ubiquitous Dr. Morris Fishbein, have stirred a dizzy dither about it, among the already overburdened and harassed doctors of the country.

Branded Enemies

They have circulated ominous articles, from their Medical Journal. National conferences have been called Messrs. Wagner and Murray have been labeled the pre-eminent public enemies of medical science in the United States.

The truth is that neither Senator Wagner nor Senator Murray commands sufficient influence in the present Congress to be a competent enemy of medical science or anything else The Wagner-Murray bill hasn't a step-child's chance of being passed. The present Congress has no stomach for such stuff, and both Wagner and Murray probably know that, as well as any one.

The tragedy is that far behind this frenzied boxing bout against shadows of the movement, are powerful realities which eventually are certain to explode.

Trend Foreseen

The vast majority of rank and file doctors of the country—and I've talked to hundreds of them—seem to sense these practical realities, and comprehend the import of them. The American Medical Association, with its cloistered leadership which talks mostly to itself, doesn't seem to have the slightest understanding of it all.

Those realities are that until the politician is robbed of his bait, which he dangles before the public eye, other Senator Wagners and other Senator Murrays will continue to use that bait, making a little more progress each time.

When the war is over, and tens of thousands of Army and Navy doctors face the problem of returning to private competitive practice which will be infinitely more crowded than ever before, many of them may be distinctly friendly to the security of steady salary of Government medicine.

But the A.M.A.'s only answer is to rant against the dangers of it, and the injustice and to try to make the realities nonexistent, by the mere denial that they exist.

Public Interest

That is suicide. If their own interests were all that is at stake, the suicide wouldn't matter. But it's not. If the tawdry searing paws of politics ever set their grip on American medicine, it's the people as a whole who will

suffer, far more than the doctors and far more than the American Medical Association. For that reason, the public has a tremendous stake in preventing it.

* * *

If you need proof that the hand of politics is devastating to medical science, there's plenty of it. Germany and Austria plummeted from the top to the bottom of world medical standing, as a direct result of Government control. England tried a modified system, and even those who originally proposed it have now turned about completely, after seeing it in operation.

It might be different here?

Well, why would it be different than other government operations here at home? Why would government dispensing of medicine be any more efficient or effective than government relations in rationing, or handling social security cases, or income tax filing For decades, private offers have been made to take over the post office service of the Nation, to operate it at a profit, instead of at a loss to the Government.

Standards Crash

The simple fact is that political control of anything eliminates the standard of merit, and substitutes instead the standard of personal friendship and political influence. It stifles ambition, and smothers initiative—because promotion depends not on ability and accomplishment, but on political considerations.

But it's as if the little Dutch boy, who found the leak in the dyke, just stood there and exclaimed that there should not have been a leak; that the sea should not be so high and so fierce—instead of plugging it with his hand, until help came. Had he done so, Holland would have been destroyed.

The simple truth is that an overwhelming majority of the American people do not have adequate medical care It's not confined to the poor, or the lower income groups. It runs the whole gamut of income scales up to $10,000 a year or better. It takes in considerably more than 90 per cent of the American people.

Blind to Facts

The A.M.A., in denying that, proves nothing to no one, except that the A.M.A. is blind to facts.

The accompanying truth is that in peacetime, an overwhelming majority of the doctors of the Nation are barely able to eke out an existence, particularly the younger ones, because they have not enough patients to keep them busy. They maintain an office and a front, spend part of their time on full charity patients and the rest of the time at pin ball machines in the doctors' lounge of the medical building.

The cure is not lobbies in Washington, which some of the A.M.A. leaders want to establish. It is not a publicity campaign, to fight socialized medicine; no publicity campaign can help, unless the facts of a situation are right, and if they are right, a publicity campaign isn't necessary; it is not the adoption of union like, strong arm methods, which others of them want, agreeing among themselves to refuse to coöperate with Government controlled medicine.

Lack Understanding

The proposal of these methods shows how totally lacking the A.M.A. leadership is, in a real understanding of what the medical profession is facing.

The only cure is for the medical profession itself, in its own good way to do the job, and cure the basic problem. In that way, the politicians' bait is gone; the palling danger of Government controlled medicine is eliminated; the whole problem is permanently solved, because the politician has nothing to offer.

* * *

Doctor West is a slow ageing gentleman who practiced medicine twenty years ago in Tennessee and who reaches back on constant occasions to explain how the natives of the rural areas in that State didn't like to go to a doctor. Still he has answers to all of this.

He says that State medical organizations have attempted to set up prepaid medical insurance plans, but the people have failed to support them. That once again, is self opinion, I've investigated several of the cases he mentioned. Local organizations did go through the motions of setting up the plans, and did offer them; but no practical, aggressive campaign was really made to sell the service and most of the public never knew the plans were offered.

Plain Evasions

Senators Murray and Wagner are aggressively trying to sell theirs; the A.M.A. is trying to sell nothing. Its position is one of defensive retreat, fighting every inch of the way with bromides and powderpuffs and evasions and stallings. Its plain policy is to accept only what's forced upon it, and to do that only after as much delay as possible.

The fate of American medicine, and the interest of the American people, hang on the question of who reaches the goal first, and gets control of this vast field of medical practice—the medical profession, or the politicians.

Judge for yourself, how the race is going now.—Los Angeles *Examiner*.

Socialized Insurance

As this session of Congress gets well under way, the insurance industry finds itself beset on many fronts. Most recent issue to be propounded by opponents of the industry is the action of Paul V. McNutt, Federal Security Administrator, in recommending that the present social security benefits be buttressed with added Government health insurance.

This recommendation, which was made by the Social Security Board in McNutt's annual report to Congress, would mean an increase in the cost of the social security setup of some 12 per cent of all payrolls for the next 10 years, with the probability that this cost would eventually reach as high as 18 per cent.

Much has been said and written in the past about the prohibitive cost of such a plan of socialized health insurance and the burden it would place on the backs of the American people. Perhaps too little has been said about the effect such a setup would have upon the rights of the people, as set forth in the Constitution. Stating this side of the case, in forcible language that leaves little to be desired, is Monsignor Maurice Griffin, of Cleveland, senior trustee of the American Hospital Association and vice-president of the Ohio Hospital Association.

Speaking of the Murray-Wagner-Dingell bill for socialized health insurance, the estimated cost of which corresponds to the McNutt plan, Monsignor Griffin, in an article in the Wellington (Ohio) *Enterprise*, said:

"The Murray-Wagner bill . . . assails the inalienable rights of life, liberty and the pursuit of happiness as promised the people of this nation by their Constitution.

"If this proposed document is passed, there will be a new character on the national scene—Uncle Sam, M. D. —who will not only oblige doctors to sign on the dotted line to practice medicine according to the rules and regulations which he lays down and to accept the fee which he determines, but will tell you as people what doctor you may see, how many times you may see him and he in turn will tell you, if such attention is necessary, what specialists you may see and how many times. Your life and the life of every member of your family would be in the hands of a medical czar and under the supervision of a medical board, run not by doctors but by politicians.

"Socialized medicine such as this bill clearly calls for, is not native to our land at all—it is a foreign product

and was first brought to perfection by the German statesman, Bismarck. This bill does not spring from our traditions nor from our public spirit. . . .

"Doctors have doubled the life span of the American people and have done more for their patients in service and equipment and in voluntary spirit than elsewhere in the world. Maintained as they are today, mostly by religious organizations, the hospitals represent the finest of the public spirit of America—they are from the people and they are for the people. Surely the people themselves have done so well on a purely voluntary basis that there is no need for government supervision. . . ."—San Francisco *Underwriter's Report.*

Proposals for Federal Management and Regimentation in Field of Public Health Assailed by Governor Bricker

The *Ohio State Medical Journal* prints the following:

Governmental management and regimentation which would become necessary under a program such as the one proposed in the Wagner-Murray-Dingell Bill would "inevitably lead to national chaos and disorder" and be "a distinct threat to the future health of our people," Governor John W. Bricker of Ohio warned in an address before the Creve Coeur Club of Peoria, Illinois, at that organization's annual Washington's Banquet.

Although Governor Bricker, who is a candidate for the Republican nomination for president, did not refer directly to the Wagner Bill, he left little room for doubt that he had that proposal in mind when he lashed at current movements to give the Federal Government complete domination over the field of public health.

Says Free Government Threatened

Charging the Federal Government with "extreme busybodying and meddlesomeness in many affairs that ought to be left to the people themselves," Governor Bricker stated that in his opinion "our institutions of free government are threatened as never before" because of existing bureaucratic, paternalistic and dictatorial policies and trends.

"It should be the function of government to serve the people, to help them help themselves," he said. "It is not the function of government to direct every act of the citizen in his daily life. To make matters worse, this administration has not gone as far as it wishes to go in the regimentation of our daily lives.

"Consider for example, the field of public health. Whatever governmental attention is proper or desirable in this field can be given much better by the states themselves or by private agencies who are closer to the people and have a better grasp of the problem.

See Threat to People's Health

"The American doctors have made eminent progress in caring for the health of our people. Medical organizations and private hospital groups are making substantial progress toward the goal of providing adequate medical and hospital care for all.

"In view of this record, I regard the proposals emanating from this administration for governmental intervention between the doctor and his patient, as an undeserved affront to a loyal and admirable profession and a distinct threat to the future health of our people.

"It is these meddlesome activities in so many spheres that properly belong to the states or to the people themselves that have lead to the multiplicity of government agencies which are unsupervised and uncontrolled and which it is impossible to supervise or control. These virtually autonomous agencies were set loose upon the people with unlimited funds and the people in pursuing their peacetime affairs were sorely beset in trying to accommodate themselves to the disorder. It was one of the significant reasons why we failed to achieve a sound, economic recovery before the war.

"Please do not misunderstand me. Government must be responsive to the needs of social progress in every field. It must continue to be. Human welfare means more than good intentions and material help. It must promote education, health, and public welfare. But it must leave to individual human beings a full measure of control over their own destiny. Governmental management and regimentation inevitably lead to national chaos and disorder."

Schemers Want Socialized Medicine

Many who call themselves liberals have one outstanding trait. They are always kicking. The latest victim of this particular brand of liberalism has been the medical profession.

Doctors have struggled in laboratories and at bedsides for centuries to learn the secrets of keeping the human body alive and healthy. Dread diseases have been nearly eliminated. The span of life has been doubled in a few decades. Pain and suffering have been reduced miraculously. Since the war, the performance of the doctors has been supreme. They have carried their hard earned knowledge into the front lines with the result that hundreds of thousands of men will return to their families after this war, who would otherwise be rotting in foreign graves. The doctors at home are working night and day, literally without rest, to care for the sick and injured among the civilian population.

A lot of schemers, whose blood pressure would have felled them long ago if a few competent physicians had not been at hand, are now telling the country that the medical men have got to do much better at once or Uncle Sam will step in and take care of our medical needs. But Uncle Sam never saw the inside of a medical school. After the shouting dies down it will still be up to the doctors to keep us healthy. Socialized medicine would do no more than make the government a bill collector for the doctors, payable in advance, with a large part of the money retained for bureaucratic activities.

Medical advancement will be achieved by the doctors in the future, as in the past.—Monrovia *Journal.*

If Doctors Don't Make Medical Care Available to All, Dr. Wilbur Warns, Bureaucrats Will

"Facility in making medical care available to all will come through organized procedures on the insurance principle under the guidance of the profession," Dr. Ray Lyman Wilbur declared recently in an address in Chicago, "or it will come as a procedure of government, cursed with the inevitable, inelastic, tradition-ridden, cautious bureaucrat. The way we use the hospitals and medical schools of today will largely determine the medical future of our people."

Dr. Wilbur was speaking as chairman of the council on medical education and hospitals at the annual congress on medical education and licensure.

He pointed out that "on all sides we are seeing the benefits of scientific medicine, of medical research and of good medical education" and that "everywhere we turn in our civilization under the present strain of war we find science and the trained man and woman giving indispensible service."

Medical education, now streamlined under great pressure, will never go back to many of the old ways, he predicted.

"Medicine based on pills and potions is becoming obsolete," Dr. Wilbur said, "and the new physiology, with the help of physics and chemistry, has taught us many ways to deal with the living body that were only dreamed of a

decade ago. . . . The medical student of today needs to have his instructors fan over the grist of the past and select carefully those subjects upon which he can best spend the limited period of his training."

Dr. Wilbur turned from the changes which medicine is undergoing to the social changes in which medicine is involved and urged the importance of having the physician participate in and guide these changes.

"If he does not, others will," he warned, "for the public knows better all of the time just what medicine offers to human beings in the way of guidance, comfort and protection."

MATERNITY-PEDIATRIC PLAN OF FEDERAL CHILDREN'S BUREAU*
ITEM XLVI

Emergency Maternity and Infant Care (E.M.I.C.) Program in California†

The E.M.I.C. Program is now operating in every county in California. From July 1, 1943, through January 31, 1944, a total of 11,528 cases were accepted for care in this State. California ranks third in the Nation in the total number of cases accepted for care.

Total Cases as of January 31:

United States	194,686
New York	18,196
Illinois	11,712
California	11,528

Tabulation by Months:

The tabulation of California cases authorized each month shows that our monthly case load may now be leveling off:

Month	Cases Authorized During the Month	Total Cases to Date
1943		
July and August	1,027	1,027
September	1,487	2,514
October	1,781	4,295
November	2,776	7,071
December	2,247	9,318
1944		
January	2,210	11,528

Cases Completed and Amount Paid for Completed Cases:

Through January 31, 1944, 3,192 cases have been completed. These figures include patients who have received some prenatal services but moved from the State before delivery. The total amount paid for these completed cases was $206,828.33.

To obtain average cost per case from these figures would be misleading since they include cases cared for by Army and Navy physicians without charge, as well as patients who moved to another State before completing medical care.

Number of Physicians Participating:

To date 898 physicians have submitted bills for services under the program. This does not represent all the doctors giving service under the program as it does not include Army and Navy physicians, private physicians giving services without fees, or those who have not yet submitted bills, or attending and resident staffs of hospitals which are accepting cases through their out-patient departments.

Distribution by Counties:

County	Cases	County	Cases
Los Angeles	2,631	Ventura	76
Sacramento	655	San Mateo	68
Fresno	648	Madera	65
San Francisco	428	Placer	55
Santa Clara	417	Yolo	52
Santa Barbara	336	Imperial	30
San Diego	325	Mendocino	23
Alameda	312	Napa	23
San Bernardino	290	Siskiyou	17
Orange	259	Tehama	13
Kern	241	Colusa	11
Sutter-Yuba	235	Lassen	10
Monterey	204	Del Norte	9
Tulare	199	El Dorado	9
San Luis Obispo	191	San Benito	7
Santa Cruz	166	Glenn	6
Stanislaus	163	Marin	5
Sonoma	159	Modoc	5
San Joaquin	156	Inyo	4
Riverside	138	Lake	3
Merced	138	Nevada	3
Kings	129	Plumas	3
Solano	115	Shasta	2
Butte	109	Sierra	2
Contra Costa	91	Mono	1
Humboldt	85		
		TOTAL	9,328

Participating Hospitals:

There are 266 hospitals coöperating in the program in California. This figure includes:

Private hospitals	257
County hospitals	23
Army and Navy hospitals	6

Administrative Cost:

The California program is administered on a decentralized basis with 38 local health officers administering the local program in their jurisdictions. The State office handles authorizations for the areas where there are no organized health departments and is responsible for general administration of the program and for accounting and statistical functions.

To cover administrative functions properly will require an estimated budget of $77,700, or about 3 per cent of the anticipated amount which will be expended for E.M.I.C. cases in this State for the next fiscal year. In addition, services rendered by the Bureau of Maternal and Child Health staff in the San Francisco office and in various districts, as well as the services given by the local health officers and their staffs will account for about $40,000 of additional time for administering the program.

COMMITTEE ON MEMBERSHIP AND ORGANIZATION

On Bureau of Medical Information in Washington, D. C. and Other National, State and Local Problems in Medical Organization

The official journal of the Medical Society of the State of New York, *New York State Journal of Medicine*,— in its March issue presented an editorial, "What Others Think," that should be of equal interest to members of the California Medical Association who are interested in efficient organization procedures.

Editorial follows:

* Maternity-Pediatric items listed in Roman numerals. CALIFORNIA AND WESTERN MEDICINE for July (Items I to XVIII); September, pages 178-182 (Items XIX to XXIII); October, pages 226-231 (Items XXIV to XXX); November, pages 282-284 (Items XXXI to XXXVII); December, page 342 (Items XXXVIII and XXXIX and page 304), January, pages 31-32 (Items XL and XLI); February, pages 76-77 (Items XLII and XLIII); March, page 110 (Items XLIV and XLV).

† Prepared by the Bureau of Maternal and Child Health, State Department of Public Health, 739 Phelan Building, San Francisco, 2.

What Others Think

Professor Ross A. McFarland[1] says, in part, as quoted by *Industrial Medicine* for February, 1944:

Physicians, as a group, have a wide background of knowledge in various fields, and they have spent many years of their lives in advanced study. Thus they have learned to think, and they do think, or they could not keep up in their profession. Unfortunately, however, their professional duties too often leave no time for their thinking to extend to any other fields, let alone the many others in which they have knowledge. But this is a period when, probably more than ever before, it behooves all men who can think, and especially professional men, to do some earnest mentalizing with regard to certain matters of general and community and national interest. Two of these matters are history and economics—the first in respect of the kind of history this country is making, and the second as to the kind of economics our American way of life is being regimented into. . . .

It strikes us that on the whole, physicians are too apt to think in terms of the past and to be, if anything, too little sensitive to the influences of current history; that is, to the influences of history in the making on their environment, on their future conduct, on the kinds of medical practice which will fulfill functionally the needs of today and tomorrow. Naturally this implies a study also of the changing economic picture and its influences. Some of this we touched on briefly in our January 1, 1944, issue.[2]

* * *

The profession has been for some time in a state of ferment. This is a healthy sign that complacency and dry rot within the profession are being sought out. In this process the physicians' own organization is being scrutinized carefully and thoughtfully. Says the *Westchester Medical Bulletin:*[3]

Organized Medicine.

In the Hall of Misnomers this term deserves charter membership. Medicine has an organization; but it is not organized. Usually the term is used with reference to the American Medical Association; as well speak of the American Astronomical Society as "organized astronomy"—and when, if ever, has the American Bar Association been called "organized law"?

The American Medical Association is an organization: by definition "an association or society." It was founded "to promote the science and art of medicine and the betterment of public health." The present organization maintains various bureaus called "councils" and publishes a number of scientific journals. Through these media the American Medical Association has contributed in no small measure to the high ethical and scientific standards of medical practice obtaining in this country today. It has been largely responsible for the continued elevation of standards of medical education and hospital service. It has consistently protected the public interest by its investigations of the claims made for different forms of therapy and therapeutic agents. Through its publications it has had a powerful influence in the forward progress of scientific medicine and in the continuing education of the individual physician, whether in general or special fields. It is an organization of which any physician may be proud—of which any country might be proud.

But the American Medical Association is not organized: to organize is "to become systematized or constructed into a whole of interdependent parts." No physician is a member of the A.M.A. except by courtesy of his membership in his county and state society. No physician, no county society, no state society contributes to the financial support of the A.M.A. The physician may subscribe to the *Journal* of the American Medical Association, but he does not become a member of the A.M.A. by subscribing to the *Journal*, and he does not lose his membership in his county society by not subscribing to the *Journal*. The revenue of the Association is derived not from dues, but from the publication of its numerous medical journals. In the present-day usage of the term, how can anything be "organized" if its members pay no dues?

But why shouldn't there be an "organized medicine"? Not the American Medical Association; its field of scientific endeavor is too vital to permit any dispersal of its efforts. At times it has been compelled to assume the rôle of spokesman for the medical profession in the absence of any other; but why shouldn't the medical profession be its own "spokesman"? Is it not time for the medical profession to admit that there is an economic—yes, and a political—aspect of medicine; that the practice of medicine is, in fact, a business as well as a profession—with economic as well as scientific problems? . . .

* * *

From the Middle West comes to hand Volume 1, Number 1, of a new publication, the *News* of the Association of American Physicians and Surgeons, which has been

Established upon a sound legal foundation to give its members a positive guarantee of protection from political regimentation, and organized to take effective action in medical economics, legislation, and public relations; the Association of American Physicians and Surgeons has been incorporated, not for profit, by the members of the Lake County Medical Society, with temporary headquarters at Gary, Indiana.

The eight objectives of the Association are stated on page 1 of the issue and are here quoted for the information of our readers:

1. To organize all ethical physicians and surgeons of the United States and its possessions in an Association so established that its members may determine and enforce the conditions under which they will or will not give their services.
2. To prevent participation by a minority of its members in any plan or scheme for the distribution of medical care that is deemed by the majority to be inimical to the interests of the Association and not conducive to the improvement of the public health and welfare.
3. To establish by means of a national assembly of its members, in which all members have both voice and vote, a truly democratic organization of physicians and surgeons that is governed by its members and therefore actually representative of them.
4. Through effective action in the public interest, and under the direction of a qualified public relations counsel, to earn the good public relations and resulting public approval and support the profession so richly deserves.
5. To move from the defensive to the offensive in the work toward the actual solution of problems in medical economics and to keep the economics of medicine under the management and control of the practitioners of medicine.
6. By means of adequate organization and competent executive action, to translate into successful accomplishment the decisions of the profession which have heretofore remained only words on the record.
7. To establish a Washington office of the Association for the execution of prompt and effective legislation action by the profession.
8. To provide a medium of expression for and actual assistance to members of the profession in the armed forces, during both the time of their military service and the period of their readjustment to civilian practice.

To the membership of the Medical Society of the State of New York, objective 4 above will appear encouraging, in that for many years the Society has successfully maintained its own Public Relations Bureau under the guidance of able public relations counsel, with notably satisfactory results. Continues the *News:*

The by-laws establish a Committee on Public Relations, whose duties it shall be to work toward the establishment of general public understanding of and coöperation with the profession.

At such time as this committee finds it advisable, and with the consent of the board of directors, it shall employ a full-time public relations expert, whose duty it shall be to attend all meetings of this organization and its committees, including the board of directors. . . .

This seems to be a healthy step in the right direction, always provided that the "public relations expert" is in fact competent in his field, and if so, given a free hand. This experiment of the Lake County Medical Society will be watched with interest.

* * *

California and Western Medicine[4] says of the public relations of medicine in part:

During the last decade or so, it has become increasingly apparent that the medical profession has been losing influence in relation to legislation that has a direct bearing on public health activities, or on the standards and system of medical practice. Not that individual physicians are held in less regard than in days of the past, but rather, in their conjoint set-up, as represented by organized medicine—namely, national, constituent state, and component county medical societies—the profession is

looked upon with more or less suspicion by many members of the United States Congress and by State and local legislative bodies. And, it may be added, likewise by thousands of citizens.

This unfortunate state of affairs is recognized by a host of physicians, many of whom are asking themselves, "What has brought about this changed reaction of national and other legislators to organized medicine"

Advocating the formation of Public Health Leagues by all state medical associations, the California journal states:

It is the belief of many physicians who have intimate affiliations with the work and needs of organized and scientific medicine that until organizations or groups such as the Public Health League of California are brought into existence in the various States of the Union—the state groups, in turn, to form a national federation of their own, with similar purposes—progress in bringing about a change in the public's and legislators' reactions will be of only moderate amount. In other words, if more active steps are not taken, the American Medical Association, its constituent state associations, and the latter's component county medical societies will continue to lose prestige and power in the promotion of public health work and scientific medicine. Time, in all this, is of the essence.

The importance of the time element is emphasized in a recent article which appeared in the *Westchester Medical Bulletin* for November, published by the Medical Society of the County of Westchester, New York, and having the following title and subhead:

"The Time Is Now!
What Must Be Done If the Medical
Profession Is to Fulfill Its
Fundamental Obligation to the
American People—
A Plain Call to Action!"

* * *

Evidently the "Time is Now!" in the opinion of other physicians in various parts of the nation. The Hennepin County Medical Society (Minnesota) publishes in its *Bulletin* for January, 1944,[5] an article, "Growing Pains in Medicine," from which we quote:

That there is increasing discontent and dissatisfaction among physicians with conduct of the affairs of their national organization should be obvious to anyone who makes a real effort to learn the facts. This dissatisfaction is not with the scientific aspects of medicine: it is focused sharply on the public relations policy—or lack of one—of the medical guild and on the plans—or lack of them—for the distribution of medical care.

That the profession is demanding and will continue to demand something other than dogged myopic defense of the status quo from its House of Delegates, officers, and employes is, or should be, apparent even to those individuals.

And merely to criticize without offering something constructive in the way of a solution for the problems seen is patently unfair and unimaginative, both on the part of the present-day critics and what has been termed the "apparently self-perpetuating officials of the A.M.A. . . ."

One's complacency should be jolted by the caustic, even belligerent criticisms of national medical leadership. One finds that leadership characterized as "top drawer impresarios and professional office holders," for an "inner sanctum . . . (which has) vegetated for many years in complacent cataleptic doldrums. . . ." Very frequently, the lack of leadership is decried. Numerous county and state organizations or groups have adopted strong resolutions calling for prompt translation into action of the expressed or widespread desires of the physicians in active practice. Regrettably, there have been hints of secession. . . .

The effect, if any, of all this on the "inner sanctum" is, as yet, not discernible. It is idle to attempt to dismiss this healthy interest in the conduct of medical affairs as the explosive opinions of malcontents and radicals. . . .

It is idle to charge—as one A.M.A. official has done, off the record, of course—that the prevailing unrest and dissatisfaction is traceable to the Executive Secretary group. As a group, their loyalty and sincerity will be attested by members of the organizations which they serve. As a group, they probably give more thought and study to the problems of medicine than most physicians. As a group, one of their tasks is to watch trends and developments and bring these to the attention of their employers for decisions on policy. Merely to blame the present unrest on this group is a palpably weak defense mechanism. . . .

To ignore this unrest would seem a dangerous tactical error, whatever opinion the "inner sanctum" may hold. This is not a passing squall which, if disregarded, will blow itself out. As has been noted, already there have been broad hints of independent action to accomplish what should have been done by medicine's own organization. . . .

To assert that those voicing this dissatisfaction are uninformed as to the real situation and entertain no constructive proposals, is plain misrepresentation. . . .

Many really constructive ideas based on informed opinion are emanating from the profession in Rhode Island, California, New York, Ohio, Michigan, Connecticut, and many other states of the Union. They can be found in the journals of the state societies and in the bulletins of some of the county societies, in resolutions such as those adopted at various times by the Westchester County Medical Society, the House of Delegates of the Indiana State Medical Association,[6] the resolution of the Western State Medical Association (December 11, 1943, Salt Lake City, Utah, *q.v.*) and in a recent article in the *Westchester Medical Bulletin*,[7] "The Time Is Now—For a Washington Office!" Space does not permit more than a brief mention of a few of the constructive ideas and suggestions. In general, the *Bulletin* of the Hennepin County Society[4] classifies them as follows:

First, state and county medical journals all over the country reflect growing discontent within the profession with the public relations policy of the A.M.A. . . . and considering the comments of many members of Congress and other unbiased observers, it was more than startling to hear the President-elect of the A.M.A. declare (at the Conference of Secretaries and Editors at Chicago in November), "I believe the public relations of the (American Medical) Association are being handled perfectly . . . I certainly think it would be a mistake to have it run in any other way. . . ."

Second, "it is interesting to observe that an increasing number of medical journals advocate the establishment of a Washington bureau by the A.M.A., even at the risk of losing the latter's tax-exempt status. . . ."

Third, it has been suggested that in order to make the A.M.A. House of Delegates more responsive to the opinions of the profession, it would be desirable to limit the number of terms which any delegate may serve. . . .

Fourth, there is a growing conviction that the activities of the editor of the *Journal* of the American Medical Association should be sharply curtailed and very definitely restricted to editing that excellent publication. . . .

Fifth, the so-called insurgents feel that while an interest in geriatrics and history is of undoubted value, the future also is of no little consequence and medicine therefore should hasten to get into step with today's social thinking, abandon its obstructionist attitude, and make positive proposals. . . .

Sixth, it is felt that the Council on Medical Service and Public Relations, which, so this group hopes, will at last provide American medicine representation in Washington which will be *persona grata*, should renew the proposal of the A.M.A. for creation of a Department of Health, headed by a practicing physician as Secretary, who would be a Cabinet member. . . .

Seventh, the A.M.A.'s loyal opposition stresses the urgent necessity for greater unity within the ranks of the profession itself. Many medical journals complain that state and local plans for prepaid medical care are not receiving proper support from the membership whose plans these are. Moves to establish a Washington office independent of the A.M.A. suggest a degree of disunity which is alarming. Is there anything in this, the opposition asks, that could not be corrected by a more vigorous leadership, a leadership which will actually lead, officers who will command confidence and who will contribute realistic, constructive ideas which reflect the thinking of the profession?

* * *

We present these excerpts and suggestions from numerous sources and the subjoined bibliography in an attempt, admittedly incomplete, to inform our membership of the principal symptoms of professional "volcanism" manifesting themselves throughout the Union. We believe the physicians of the Medical Society of the State of New York are fully capable of doing their own thinking, of making their own decisions, and of making those decisions effective through their delegates and association officers. There is danger in haste, and even more in delay. Time and tide wait for no man, and the sands are

running out. To be fully informed offers the greatest safeguard against rash decisions and the best guarantee of wise ones.

[1] A Medical Program for Aviation, Harvard Review (Business). Autumn Number, 1943.
[2] New York State J. M., Vol. 44: No. 1, Jan. 1, 1944, p. 31 *et seq.*
[3] Vol. XII, No. 2, Feb., 1944, p. 5.
[4] Vol. 59, No. 6, Dec., 1943, p. 302 *et seq.*
[5] Vol. 15, No. 1, Jan., 1944, p. 1 *et seq.*
[6] J. Indiana M. A., Dec., 1943, p. 668.
[7] Westchester Med. Bull., Vol. XII, No. 2, Feb., 1944, p. 7.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Penicillin May Change Ways of Handling Social Diseases

The Palo Alto *Times* recently reported Dr. Ray Lyman Wilbur had returned from a meeting of the Association of Social Hygiene over which he presided, and expressed himself favorably concerning some of the new weapons against disease.

Anti-louse powder to control typhus, gas bombs to kill malaria-carrying mosquitoes, and penicillin treatment to check venereal diseases are among the weapons proving their effectiveness in the war against disease, he said.

"Reports of the men in the field show that penicillin may change our whole way of handling gonorrhea and syphilis," Dr. Wilbur explained, commenting on the exceptional interest of the New York meeting. He is president of the social hygiene association and Dr. William F. Snow, a former Stanford man, is general director.

The report of the chairman of an anti-typhus commission sent to North Africa showed, Dr. Wilbur said, that the effectiveness of louse powder squirted into clothing outlasted two or three trips to the laundry.

"The Lice Just Quit"

"When the powder is squirted down the collars, up the sleeves and up the trousers," he added, "the lice just quit." He predicted a revolution in "our relationship to typhus fever" as a result.

Increasing confidence is being shown, he said, in the use of gas bombs to protect individuals, groups and whole areas against malaria-carrying mosquitoes. Harmless to man, the gas can be turned loose in a tent to protect the occupants or in a place to prevent the pests being carried to noninfected areas.

Dr. Wilbur attended a series of meetings in Washington, New York and Chicago, many of them on matters of military importance.

Physical Restoration of the Handicapped

Physical restoration for the handicapped, so that they may as nearly as possible approximate normal capacity, was called the basic need in vocational rehabilitation by Federal Security Administrator Paul V. McNutt at the first meeting of the Professional Advisory Committee of the Office of Vocational Rehabilitation, recently held in Washington.

The committee, made up of 20 specialists in medical and allied fields, was appointed by Administrator McNutt to provide professional guidance in mapping the new State-Federal program for medical and surgical care under the Barden-LaFollette Act.

In opening the meeting, Mr. McNutt stressed the Federal Security Agency's desire to aid the States in providing physical restoration services which will conform to the high professional standards recognized by the national and State medical associations and by the hospital associations.

"To be able to count on themselves as workers," Mr. McNutt continued, "many of the disabled need more than vocational training, important as that is. They need medical care to restore as much physical capacity as possible. Doctors have long pointed out that tackling the complex problem of rehabilitation at any other point is putting the cart before the horse. Some of the States, too, have pioneered in providing for physical restoration, along with vocational training, for the handicapped. This service has now been recognized as a integral part of our national vocational rehabilitation program.

"We want to give the disabled—the men and women crippled in industry, or by accident or illness—a chance to fulfill their rights and duties as citizens and as self-supporting wage-earners. We want to do this because it is in line with the American way of looking out for ourselves. We want to do it now because war industry needs every hand that can help."

An estimated million and one-half persons may be eligible for rehabilitation under the program authorized by enactment of the Barden-LaFollette Bill last summer, according to Michael J. Shortley, Director, Office of Vocational Rehabilitation.

Reporting the total active case load as 91,000 for the current year, Mr. Shortley said: "The States indicate they will extend rehabilitation services to 110 000 disabled persons during the fiscal year 1945." The program is in operation in all 48 States, the District of Columbia, Hawaii and Puerto Rico. "Physical restoration rounds out vocational rehabilitation services. It gives us the chance," he said, "to do more things for more people."

"Kaiser Wakes the Doctors" Will Be Made Into Motion Picture

Louella O. Parsons, Motion Picture Editor of International News Service, recently reported as follows:

"Edward Golden, the progressive young man who made $1,000 000 for himself with Hitler's Children, has another idea. He has nabbed the film rights to Paul De Kruif's 'Kaiser Wakes the Doctors.' The Myron Selznick office arranged the deal and Golden will release through either RKO or United Artists—with De Kruif doing the screen play.

"De Kruif, who wrote Microbe Hunters, Fight For Life and Hunger Fighters, tells a story in which Henry Kaiser figures."

Medical Care In Mass Production

Many critics, when approaching the question of medical care, immediately assume that the doctors are their "opponents." The truth is that doctors are as anxious as anyone else to alleviate human suffering. They have worked for years to develop sound health plans whereby more people could secure high quality medical service at minimum expense. Thousands of doctors contribute a large proportion of their time absolutely gratis to persons who either cannot or will not pay even moderate charges. Therefore, it is a rank disservice to hold them up as indifferent to medical progress.

By its title, Paul de Kruif's book, "Kaiser Wakes the Doctors," raises a false impression which is maintained from the first page to the last. It paints the prepaid medical plan, developed in the Kaiser shipyards, as a revolutionary discovery that can be easily applied to other industries and finally to every urban community in the nation. The plan is not new and, unfortunately, has handicaps—not the least of which is its compulsory aspect. The *Journal of the California Medical Association* describes it as follows: ". . . Fifty cents per week is deducted from wages of each employe (there being practically no acquisition costs in securing members to the

plan, certainly a great administrative saving!); the wage deductions being taken from a group of about 100,000 workers (the families, however, are not included!); the plan being in operation in enterprises where all the workers reside within a small and limited geographical area. In essence, the discovery . . . is nothing more than an application of the age-old principle of prepayments on an insurance basis, designed to give protective coverage to a limited group of poor risks through acquisition of a large number of paying good risks."

The doctors have always welcomed practical plans to broaden medical service.

COMMITTEE ON MEDICAL DEFENSE

Louis J. Regan, M. D., chairman of the Committee on Medical Defense of the Los Angeles County Medical Association recently submitted to the Council of that County unit a report on medical defense. Excerpts from a letter of transmittal to the Editor and from the Committee's report, follow:

"I am sending you a copy of a report of our Committee on Medical Defense which was recently submitted to the Council of the Los Angeles County Medical Association.

"The Council on March 6, 1944, accepted and adopted the report and recommendations of the Committee. The Board of Trustees of our County Association on March 9, 1944, endorsed, by an unanimous vote, the action taken in the matter by the Council.

"The reasons underlying the submission of the report are apparent upon a perusal of the report itself. It is believed that the program which is thereby initiated is constructive and should gain the support of the membership generally." . . .

(COPY)

REPORT

The attention of the Council is again invited to the local malpractice situation, and in particular, at this time, to the problem of Physicians' Liability Insurance.

It is a matter of general knowledge that this type of insurance has, over the period of the past thirty years, been offered to physicians in California by a number of insurance companies. It is also known that many companies have withdrawn from this field, having found the business unsatisfactory or unprofitable, despite the fact that premium rates have been increased from time to time.

Your Committee has repeatedly expressed an opinion which it is believed, explains in part why Physicians' Liability Insurance has been so generally unsatisfactory. That opinion is repeated here:

1. Malpractice insurance is, or should be, individualized; something more than material loss is involved; the physician's reputation is involved.

2. There has been, in some instances, too little care in the selection of risks. Personality factors, the integrity of the individual, his knowledge, skill and professional experience, his malpractice claims experience, as well as the hazards of the particular field of practice, should be considered in weighing the individual as an insurable risk.

3. This form of insurance should not be written through a multitude of brokers. "Broker pressure" put on the insurance carrier or underwriter may result in the acceptance of undesirable risks. Moreover, the injection of a broker between the insured and the carrier's immediate representative makes the relationship of the latter two more remote, and this is unsatisfactory.

4. Direct relation and contact should be maintained between the carrier or the carrier's immediate representative and the assured, and continual educational malpractice prophylaxis should be carried on. The carrier should maintain a qualified agent to whom the assured may apply at any time for information and advice.

5. Immediate and capable handling of malpractice threats and claims is essential. These claims do not generally improve with age. They should be handled by an agency specializing in such investigations. The practice which is common, that of utilizing general insurance investigators and adjusters for this purpose, is not considered the best method. In handling these claims, the interest of the assured and of the profession as a whole should receive greater emphasis.

6. The importance of good defense of malpractice actions is obvious. However, in this respect your Committee believes that the local physicians are in a very favorable position, since there are available several attorneys of experience and outstanding ability.

7. One element of expense in connection with the trials of malpractice actions is, in the opinion of your Committee, excessive and should be significantly reduced or entirely eliminated. This reference is to the cost of medical expert testimony. These costs have grown to a point where they constitute a considerable fraction of all the costs burdening our insurance premiums.

8. All physicians are interested in having malpractice insurance continue to be available to them. Companies cannot be expected to continue to write this coverage unless it is possible to do so with reasonable profit. It is clear, therefore, that our own interests demand that we protect our carrier in every legitimate way. It is also clear, your Committee believes, that it is our right to insist—(1) that our interest in the problem be acknowledged by the carrier; (2) that we must be advised of the exact cost of the coverage, of how and where all moneys are expended; (3) that we must have information which will permit estimation of fair premium rates for the whole group and for special fields of practice within the group if experience proves that some types of practice are more hazardous than others; (4) that such handling of claims be had as experience proves to contribute to the most constructive results; (5) that we cannot approve the attitude of any carrier that proceeds on the basis of covering a small fraction of our membership, selecting the best risks and leaving the rest, the major group, to find coverage elsewhere if it can. Such a policy is not to the best interest of even the minority thus insured, since relatively small loss may assume catastrophic proportions in such circumstances; and (6) that whenever multiple defendants are involved with several respective carriers, the claims handling and the defense must be harmonious and unified, that we may be spared duplication of costs and disharmony of defense.

These matters are being brought to your attention again, because the problem has become acute. This is evidenced by the fact that we are again faced with increased cost for this coverage. It is the opinion of your Committee that this less favorable situation would not exist today had our membership generally availed themselves of the better malpractice program which was offered to them two years ago.

Your Committee is informed that the insurance market in respect to a coverage so small and relatively unimportant as is our professional liability coverage, is tighter. It is explained that this condition is to be expected when it is understood that large insurance premiums have been available in connection with the expanding war industries, and that the financial as well as the personnel problems which arise in connection with the writing of our small coverage tend to discourage companies generally

from entering the field or from expanding if they are already in the field. Moreover, since the experience in writing malpractice insurance in California has generally been so bad, it is difficult or impossible to interest new companies to undertake a venture which appears so dangerous and which at best promises no great return.

It appears to be uncontradictable, in the opinion of your Committee, that the distribution of our buying force and power through and among numerous agencies has proved unsatisfactory; has made it practically impossible to secure the handling of insurance, claims and defense problems constructively, in line with the essential factors set forth in the opinion expressed above.

The problem is not unsolvable, but it has gone beyond the point of generalization. The solution of the problem would appear to be the assumption of a relationship between the Association and one agency, solely and exclusively endorsed by the Association as its approved malpractice carrier, in return for compliance with certain definite specifications which your Committee has formulated as essential to the improvement of the malpractice insurance situation for the membership of this Association and for the carrier.

Now, therefore, your Committee recommends that the Los Angeles County Medical Association especially and specifically endorse . . .

(Editor's Note.—At the annual session to be held in Los Angeles on May 7-8, the Committee on Medical Defense of the California Medical Association will submit its report. The C.M.A. Committee, Dr. Nelson A. Howard, chairman, presents a preliminary statement in the current issue of C. and W. M., in the "Pre-Convention Bulletin."

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (40)

Alameda County (3)

Brothers, Ridgeway, H., *Orlando, Florida*
Schaefer, Anton H., *Berkeley*
Suraci, Rocco T., *Oakland*

Contra Costa County (3)

Brown, George D., *Richmond*
Hofmann, T. R., *Richmond*
Petrucci, L. J., *Richmond*

Fresno County (2)

Baier, Frederic D., *Coalinga*
Betenson, Thomas E., *Redondo Beach*

Los Angeles County (23)

Boyd, Robert I., *Los Angeles*
Brauner, Edwin P., *Carlisle Barracks, Pa.*
Carnesale, Peter Louis, *Memphis, Tennessee*
Carpenter, Gurth, *Los Angeles*
Clark, Dorothy Velma, *Los Angeles*
Eidson, Paul D., *San Fernando*
Ford, Lowell D., *Long Beach*
Geise, Louise, *Alhambra*
Greenlea, Lloyd Stanton, *Montrose*
Ham, Franklin F., *Van Nuys*
Hamilton, William F., *Los Angeles*
Harwood, Robert Samuel, *Los Angeles*
Hebard, F. Malcolm, *Glendale*
Jones, Laurence, *Beverly Hills*
Marcus, Elias George, *San Fernando*
Martinson, Arthur Joseph, *Los Angeles*
Neurath, Otto, *Los Angeles*
Pollock, Joseph H., *Beverly Hills*
Rosin, Sidney, *Los Angeles*
Skahen, James Kenneth, *Los Angeles*
Tarr, Danson, *Glendale*
Walla, William, *Los Angeles*
Walley, Lillian B., *Long Beach*

Mendocino-Lake Counties (1)

Bennett, Edward C., *Ukiah*

Orange County (1)

Munford, Raymond H., *La Habra*

San Diego County (1)

Ross, Robert, *La Mesa*

San Francisco County (3)

Drew, John F., *San Francisco*
Meiklejohn, Gordon, *San Francisco*
Van Druten, Arthur A., *San Francisco*

Santa Barbara County (2)

Burkard, Adrian F., *Santa Barbara*
Knoll, William V., *Santa Barbara*

Shasta County (1)

Leibee, John Ray, *Burney*

Life Members (1)

Rowell, William Arthur, *Shasta County*

Retired Members (5)

Carlson, Albert T., *Los Angeles County*
Fehrensen, Gail, *Los Angeles County*
Muhl, Anita M., *San Diego County*
Schoff, C. E., *Sacramento County*
Winterberg, Walter H., *San Francisco County*

Transfers (8)

Brown, Walter H., from Santa Clara County to San Francisco County.

Dallal, Joseph M., from San Mateo County to Alameda County.

Diddy, Gordon A., from Santa Clara County to Fresno County.

Johanson, Raymond R., from San Francisco County to Alameda County.

Johnson, Irving D., from Yuba-Sutter-Colusa County to Marin County.

Lowe, Frank A., from San Francisco County to Marin County.

Saunders, William W., from San Francisco County to Contra Costa County.

Strayhorn, L. P., from Los Angeles County to Orange County.

Resigned (2)

Adams, Walter C., *Alameda County*
Liljencrantz, Guy H., *Alameda County*

† For roster of officers of component county medical societies, see in front advertising section. (To aid in wartime paper conservation, roster is printed on alternate months.)

In Memoriam

Boskowitz, George Henry. Died at San Francisco, February 24, 1944, age 64. Graduate of the College of Physicians and Surgeons of San Francisco, 1899. Licensed in California in 1899. Doctor Boskowitz was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Curdts, Carl Eduard. Died at Oakland, February 27, 1944, age 68. Graduate of the College of Physicians and Surgeons of San Francisco, 1900. Licensed in California in 1900. Doctor Curdts was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Freudenthal, Leslie. Died at Gridley, March 1, 1944, age 44. Graduate of the University of California Medical School, Berkeley-San Francisco, 1926. Licensed in California in 1926. Doctor Freudenthal was a member of the Butte-Glenn County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Mackey, John Galbraith. Died at San Fernando, February 12, 1944, age 72. Graduate of the University of Southern California School of Medicine, Los Angeles, 1898. Licensed in California in 1898. Doctor Mackey was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

Malone, William Murray. Died at Los Altos, February 17, 1944, age 62. Graduate of the Cooper Medical College, San Francisco, 1912. Licensed in California in 1912. Doctor Malone was a Retired Member of the San Francisco County Medical Society, and the California Medical Association.

✤

Potter, Gurdon. Died at Oakland, December 2, 1943, age 68. Graduate of the University of Pennsylvania School of Medicine, Philadelphia, 1899. Licensed in California in 1922. Doctor Potter was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✤

OBITUARY

Jerome Konigsberg
1908—1944

Captain Jerome Konigsberg, M.C., died February 4, 1944, in General Hospital, 11, in Sydney, Australia; his loss is listed as one of the first war deaths of physicians from San Francisco in World War II. His assignments from the first had all been as medical field officer of artillery battalions. Over his last two years he had many times seen service in the active fighting in numerous islands of the Southwest Pacific Area. He had suffered through several tropical diseases, including dengue, and his death resulted from some unexplained tropical hepatitis contracted several months before.

Dr. Konigsberg, born in Bayonne, N. J., in 1908, was graduated from the University of Pennsylvania, and he studied in postgraduate scientific subjects another year at New York University. He then entered the University of California Medical School from which he was graduated in 1935. For three years he was interne and assistant resident on the medical service at the San Francisco City and County Hospital prior to starting private practice in Internal Medicine in 1938. He was a staff member of the University of California Medical School and of Mt. Zion Hospital. A little over two years later he was one of the earliest of the physicians of our city to enter the Medical Service of the Army.

Our San Francisco medical profession has suffered a notable deprivation in the passing of Jerome Konigsberg. In his nine short years in San Francisco he became endeared to scores of his colleagues as a scholarly, competent and earnest student of medicine, as well as a trustworthy and diligent physician. He rendered effective and unusually devoted service, rich with a wisdom and sensitiveness beyond common measure, to hundreds of patients who will long remember him with kindliness and gratitude. His dearest friends will also long consider themselves privileged to have had their own lives enriched by the sweet association with their Jerry, as they called him; they knew him as the combination of a quiet, kindly, devoted friend and a sensitive, inspired, healing physician in the truest sense of the words. His short-lived career was devoted to the nobility of his profession, and his life, albeit short, had already lent that profession an increased nobility.

RUSSEL F. RYPINS.

CALIFORNIA PHYSICIANS' SERVICE†

California Physicians' Service and Its Public Relations

(A series of articles: January "California and Western Medicine," on page 38; February, page 83; March, page 118.)

Last month this column took up the matter of public relations of California Physicians' Service as affected by the members of beneficiary groups and as affecting the individual members of the public. This month it is well to look for a moment into the matter of public relations as affecting the profession, particularly through the effect of the C.P.S. programs on public officials.

Hardly a day goes by but what we see in print or hear in general conversations, almost anywhere, that government medicine or socialized medicine is just around the corner. Statements of this kind are made by people in all walks of life, not just by agitators or by proponents of some form of socialized medicine. Among your own friends, even among your own colleagues, you will hear the same refrain. Psssibly you don't hear it every day but over a period of time you must be aware of its repetition and recurrence.

Along with this general thinking that some form of government medicine is definitely on the way, you also hear the expression by sincere well-wishers that the medical profession must inaugurate some sort of plan of its own or else the Government will do it for the doctors. This sentiment has been expressed publicly by members of Congress, by news commentators and others who in their own right are anxious to see the best in present medical practice preserved. Mr. Ben Read, executive secretary of the Public Health League of California, brought back this same story from his recent visit to Washington, D. C. Members of Congress, even the physician members, and public officials stated the same idea time and again: If the doctors don't come forward with a plan of their own for meeting the need of more widespread and more readily available and affordable medical care, the Government will force a plan of its own on the doctors.

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

California physicians are fortunate in the consideration given them by the people who express the above sentiments. These people remark from time to time that in California, of course, there is a medical care organization sponsored and operated by the doctors themselves. They refer to California Physicians' Service. And they point the way, in these remarks, to the public relations rôle being played by and available to California Physicians' Service.

The politician, the social worker, the agitator for some form of government medicine, is seeking only one thing: The provision of more available medical care through the means of a prepayment plan within the financial reach of the great bulk, even all, of the people. Extremists in one camp or another may have more radical ideas than this, but it is safe to say that the plans advocated by the great majority of these planners are about the above, if the excess verbiage and dogma are stripped from the thinking process.

Well, in C.P.S. the medical profession has just the answer to this sort of a program. C.P.S. does offer more widespread, more readily available medical care on a prepayment plan, at rates within the reach of the average wage earner. C.P.S. does not cover all the people; it cannot qualify under such a wish, but it does offer its services to an extremely wide variety of employed groups, without geographical distinction. It makes this offer, except that there must be some strings attached to that statement at the present time. Translating these reservations into words, it may be stated that C.P.S. offers to the people of California a modern, nonprofit, extensive medical care plan at a reasonable rate, except that in some areas and in some instances, due to the lack of support from some members of the medical profession, it is unable to make this offer on an unqualified basis.

The only drawback in the program right now is the lack of support of the doctors. Ironically enough, the doctors are the ones who would suffer most under a program of compulsory government medicine.

If a wholehearted, unreserved support for C.P.S. could be gained from the medical fraternity as a whole, C.P.S. would immediately become the most potent weapon for public relations among politicians and others of any weapon that medicine now has to use. If you as an individual physician could look the politician, or the social service worker, or the union labor leader, right in the eye and say, "In California we already have that sort of service program in effect; we don't need any more stringent plan with all the defects and drawbacks it would be bound to bring with it," the other fellow wouldn't have a single comeback. And if California could do this, every other state in the Union could do likewise. If that eventuality could be realized, the agitation for compulsory sickness insurance plans would die a natural death in a matter of a few months; as it is now, this agitation is swelling from day to day, growing ever larger and more menacing.

It is not enough today to talk to politicians and people in public life along the lines of the preservation of free enterprise. Medical care has gone beyond the bounds of an economic factor in recent years and has entered into the field of the fundamental necessities of life and living. Medical care has been coupled in recent speeches and reports from Washington, D. C., with food, clothing and shelter. A nice compliment to the purveyors of medical care, this, but a dangerous political implication for the future of a free system of medical practice.

Students of the trend toward socialized or government medicine recognize that the medical profession has taken the preliminary steps in a program to provide good medical care on a budget basis for great groups of American citizens. At the same time, these students are inclined to gloss over these pioneering attempts on the ground that the net results have been so inordinately and so pitifully small; they point to the limited number of beneficiary members of C.P.S. and other medically-sponsored plans and show that this small number of people who are well cared for are only a small percentage of the national population, and the number of people who really need some provision for medical care.

The only way to answer that attitude, of course, is to extend the scope of C.P.S., to make C.P.S. service available to more people, so that the sample will be appreciable in size and will point the way to even greater accomplishments. And the only way that C.P.S. can grow in size is to grow in the esteem of the medical fraternity as a whole. In some communities, with some potential groups of beneficiary members, it is possible today for one or two physicians, or a small group of physicians, to place such obstacles in the path of C.P.S. that the potential group of members must be dropped from consideration. A noncoöperative attitude on the part of a few doctors has already driven more than one group from the door of C.P.S. Conversely, an attitude of fairness and helpfulness has brought into the C.P.S. family a large number of beneficiary member groups.

Which is the answer to be? A medically-sponsored plan, operating on a nonprofit basis for service to the public, or a federally or state-sponsored compulsory plan, with an attendant host of bureaucrats, political hangers-on and typical bureau administration? The answer is bound to be determined by the collective attitude of the professional members of C.P.S. and of the medical profession as a whole. A forward-looking attitude is essential if the individual physician is to resolve this question properly in his own mind. The world of social and economic change and reform which has been going on around our ears in the last decade cannot be ignored; neither can we ask it to wait while we ponder our decision.

The question is posed before us. The answer is for us to determine. With its final determination we will help to decide the future of American medical practice more definitely than in any other way open to us today.

Next month this space will be devoted to a discussion of the physical aspects of C.P.S., the types of coverage offered to date, the types of employee groups given medical care under C.P.S. auspices and related matters.

Doctors of California Hailed For C.P.S. Service

Washington, March 25.—The California Physicians' Service was held up in the House of Representatives this week as a model for other parts of the country, and as a more workable plan of securing adequate care for all sections of the population than the Wagner-Murray-Dingell bill.

Rep. Outland (D., Santa Barbara) spoke on the California Physicians' Service, and his praise was warmly seconded by Representatives Rolph, Holifield, Poulson and Judd of Minnesota.*

"In my opinion," said Rep. Outland, "the doctors of California are doing a noteworthy piece of work in developing a comprehensive program of medical care which is saving the American public millions of dollars in experimental costs."

Representative Judd, himself a physician, added:

"I am convinced that this is like a pilot plant in a new industry."

* Congressman Outland's speech appears in this issue. See page 209. For "five-years survey," see page 191.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association. Meetings will convene in Los Angeles. Dates of the seventy-third annual session, to be held in 1944, Sunday, Monday, May 7-8.

American Medical Association. Sessions will be held in Chicago (not St. Louis) on June 12-16, 1944. (See *The Journal of the American Medical Association,* November 6, 1943, page 644.)

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays.

KFAC presents the Saturday program at 10:15 a. m., under the title "Your Doctor and You."

In April, KFAC will present these broadcasts on the dates of April 1, 8, 15, 22, and 29.

The Saturday broadcasts of KFI are given at 9:45 a. m., under the title "The Road of Health."

"Doctors at War":

Radio broadcasts of "Doctors at War" by the American Medical Association, in coöperation with the National Broadcasting Company and the Medical Department of the United States Army and the United States Navy, are on the air each Saturday at 2 p. m., Pacific War Time. Series commenced on January 8, 1944. Will run for twenty-six weeks.

† In the front advertising section of *The Journal of the American Medical Association,* various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged.

Pharmacological Items of Potential Interest to Clinicians*:

1. *Streamlined Medical Journals:* Here's to R. C. Ransdell's snappy *U. S. Naval Medical Bulletin,* in the February issue of which E. Holman's "Working Rules in the Field" ring the bell for helpful medical advice (42:275). Helpful also is G. W. Calver's bibliography on shock (*Ibid.,* pp. 365-380). Always business-like with no space wasted is *Physiological Reviews:* January issue contains E. E. Osgood's "Cellular Composition of Bone-Marrow" (24:46); W. W. Swingle's "Rôle of the Adrenal Cortex" (p. 89); E. W. McHenry's "Lipotropic Factors" (referring to choline, lipocaic and inositol, (p. 128), and L. H. Newburgh and J. W. Conn's discussion of "Obesity" (p. 18). Even *The Scientific Monthly* has been snapped up!

2. *Antibiotics:* E. McCawley says E. J. Poth and C. A. Ross's phthalylsulfathiazole (*Texas Rep. Biol. Med.,* 1:345, 1943) marks the end of an era: now for antibiotics! Pioneering S. A. Waksman & Co. describe "Streptomycin" from Streptomyces as effective vs. Gram positive and negative bacteria (*Proc. Soc. Exp. Biol. Med.,* 55:66, 1944). P. Gyorgy and P. C. Elmes (*Ibid.,* p. 76) find nondeliquescent calcium salt of penicillin no more toxic for man than Na-salt, contrary to Florey's advice (*Lancet,* 1:387, 1943). N. Atkinson and N. Stanley find that SH cmpds. such as thioglycollates, glutathione and cysteine specifically suppress "penicidin" either by reduction or enzyme competition (*Australia J. Exp. Biol. Med.,* 21:249, Dec., 1943). J. W. Foster and H. B. Woodruff show that dissociated streptothricin loses activity (*Arch. Biochem.,* 3:241, Dec., 1943). Patulin, from Penicillium patulin (H. Raistrick, *Lancet,* 245:633, 1943), found identical with S. Waksman's "clavacin" from Aspergillus clavatus (I. Hooper, *Science,* 99:16, 1944), is now reported identical with "claviformin" from Penicillium claviforme (E. Chain & Co., *Lancet,* 246:112, January 22, 1944). How about penicillin? When do we get over the hush-hush and argument about its composition?

3. *Chemotherapy:* O-O! P. C. Sen Gupta notes neuropathic sequelae after diamidinostilbene therapy in kala-azar (*Ind. Med. Gaz.,* 78:537, November, 1943). J. V. Scudi and V. C. Jelenek report urinary excretion of atabrine complex, with some atabrine appearing unchanged (*J. Biol. Chem.,* 152:27, 1944). H. G. Barbour & Co., show B-tetrahydronaphthylamine aids in recovery in hypothermia and hydration from chilling (*Yale J. Biol. Med.,* 16:231, 1944). R. L. Cahen & Co. report morphine not specific in depressing cortical electrical activity, but that morphine reduces tissue permeability (*Ibid.,* p. 239, 257). Trust the English to beat the silly censor: H. E. Holling & Co. discuss prevention of sea sickness by drugs, finding hyoscine in doses around 1 mgm. most useful (*Lancet,* 246:127, January 22, 1944). Maybe R. T. Fick' & Co.'s report will quiet the too long foolishness of ethylene disulfonate in a dilution of 1:10-15 for asthma! (*J. Allergy,* 15:14, 1944).

4. *Etc.* E. Gutmann and J. Z. Young make important study on re-inervation of muscle after various periods of atrophy (*J. Anat.,* 78:15, 1944). W. P. Chapman and

* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

C. M. Jones begin careful study on variations in pain-perceptions and pain-reactions in average humans (*J. Clin. Invest.*, 23:81, 1944). T. S. Danowski suggests use of thiourea as a measure of change in body water (*J. Biol. Chem.*, 152:207, 1944). G. H. Bourne shows ascorbic acid necessary for usual phosphatase activity and bone deposition (*J. Physiol.*, 102:319, Dec. 31, 1943). M. Vogt in studying cortical hormone output finds rapid inactivation (*Ibid*, p. 356). P. E. Steiner & Co. report a toxic factor in tissues of cases of nonspecific ulcerative colitis (*Proc. Soc. Exp. Biol. Med.*, 55:8, 1944). G. Decherd, A. Ruskin and G. Herrmann describe momentary atrial electrical axes in paroxysmal tachycardia (*Ibid.*, p. 17). A. J. Salle and H. L. Guest find increased efficiency of phenolic germicides on adding ferrous and ferric salts to produce redox systems (*Ibid.*, p. 26). M. G. Goldner and G. Gomori say that alloxan causes diabetes by direct injury to beta cells (*Ibid.*, p. 73). W. Modell and S. Krop find that in terms of effective mercury, nonionizable organic mercurials are not less toxic than mercury bichloride (*Ibid.*, p. 80). And H. S. Burr discusses the effect of the moon on tree growth (*Yale J. Biol. Med.*, 16:249, 1944).

Popular Medical Lectures by Stanford University School of Medicine.—The Stanford University School of Medicine announces the sixty-second course of Popular Medical Lectures (illustrated). Lectures will be given at Lane Hall, North Side of Sacramento Street, near Webster, on Friday evenings: March 17; March 31; April 14; and April 28, 1944; eight o'clock sharp. All interested are cordially invited to attend.

Program follows: Friday evening, March 17, 1944, *"Treatment of Infantile Paralysis,"* William H. Northway, M. D.

Friday evening, March 31, 1944, *"Caudal Anesthesia in Obstetrics,"* Albert V. Pettit, M. D.

Friday evening, April 14, 1944, *"Nutrition: One Factor in the Health Program,"* Nina Simmonds, Sc.D.

Friday evening, April 28, 1944, *"Psychological Types and Marriage,"* Horace Gray, M. D.

Maternity Pediatric (E.M.I.C.) Care Given 11,571 Californians.—A total of 11,571 maternity and pediatric cases have been cared for in California under the Emergency Maternity and Infant Care Program, the Children's Bureau announced recently.

Only New York and Illinois have had more cases than California.

The total extends through the month of January. More than 2200 cases were reported in both December and January.

The Size of "California and Western Medicine" Reduced: Governmental Directive.—Commencing on January 1, 1944, it has been necessary to reduce the number of pages in California and Western Medicine by 10 per cent. The governmental directive applies to all publications, and has been issued in order to conserve paper. The saving has been accomplished by reduction in number of pages in both the text and the advertising divisions. Hereafter some of the rosters which have appeared in every issue of California and Western Medicine will have place only on alternate months.

Penicillin Plant For Berkeley.—A $600,000 plant for producing penicillin, the new "miracle drug." will be in operation by November 1, in Berkeley, it was recently announced by Charles Twining, vice-president of the Cutter Laboratories.

Sixty scientists will be on the staff, Twining said, once the plant is in operation.

The building, first penicillin producing plant on the coast, will be constructed adjoining the company's Berkeley laboratories at Fourth and Parker Streets as the result of a contract granted by the Defense Plant Corporation, a subsidiary of the Reconstruction Finance Corporation. Ground already has been broken for the plant, which will be 220 by 60 feet.

American Public Health Association.—The Executive Board of the American Public Health Association announces the Second Wartime Public Health Conference and the 73rd Annual Business Meeting in New York City, October 3, 4, and 5, 1944. Meetings of related organizations will take place on Monday, October 2. Headquarters will be the Hotel Pennsylvania. The scientific program will be devoted to wartime emergency matters as they affect public health. The Chairman of the Local Committee in Charge of Arrangements is New York City's Health Commissioner, Ernest L. Stebbins.

CALIFORNIA PHYSICIANS' SERVICE*

(Continued from Page 211)

It will be noticed that I have not mentioned the Wagner-Murray-Dingell bill. I have purposely refrained from going into that piece of legislation at this time. I have no doubt that after hearings have been held there will be ample opportunity for discussion in both Houses. In the meantime, I have tried to bring out some of the advantages of what to me is one of the longest steps forward in the direction of achieving what we all desire—better medical care for the American people.

It so happens that I was a member of the California Physicians' Service for a considerable period of time. I have had intimate knowledge of its operations and have seen what it has accomplished for many of its beneficiary members. On the basis of my knowledge of this organization and with confidence in the integrity and leadership of the medical profession of this country, I believe that the doctors of this land should lead the way in providing prepaid medical care for our citizens. (Ed. Notes. See also pp. 191 and 227.)

Home Office Building, Washington, D. C.

MEDICAL JURISPRUDENCE†

Hartley F. Peart, Esq.
San Francisco

Autopsy Permits

It is generally the law that where an autopsy is performed without the consent of those who have the right to control the disposition of the corpse, the person performing the autopsy or the one responsible for its performance is liable in damages. There are a great number of cases where this liability has been enforced. In *Woods v. Graham*, 140 Minn. 16, it was held in an action to recover damages for an autopsy performed on the body of a corpse, without first obtaining consent of the next of kin, that it was no defense that the defendant, as attending physician, was

* For press association dispatch from Washington on Congressman Outland's speech, see on page 230.

† Editor's Note.—The department of California and Western Medicine, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

unable to ascertain the cause of death and performed the autopsy for that person so as to be able to give a certificate, as required by law, stating the cause of death. It has also been held that one having the right to refuse to permit an autopsy to be held, has the right to place any limitations or restrictions on giving consent thereto and that one who violates such stipulations renders himself liable in damages. (*Hill v. the Travelers Insurance Co.*, 154 Tenn. 295.)

In addition to the civil liability for damages, in California there is a possible criminal liability for performance of an unauthorized autopsy. *Health and Safety Code,* Sec. 7052, provides that any person who mutilates any human remains without authority of law is guilty of felony.

Because of the civil liability and possible criminal liability no physician should perform an autopsy unless it is required by law or authorized by a person entitled to control the disposition of the remains of the deceased person. The county coroner is authorized to perform an autopsy in cases where death is suspected to have been caused by criminal means and an autopsy is necessary to complete his investigation. There are also certain instances where the Industrial Accident Commission in Workmen's Compensation cases may require an autopsy to determine the cause of death.

With the exception of the special cases when it is required by law, an autopsy should not be performed without first obtaining the consent, after the death, of the persons entitled to control the disposition of the corpse. The statute governing the right to control the disposition of the body in California is *Health and Safety Code,* Sec. 7100. This section provides that the right to control the disposition of the remains of a deceased person, unless other directions have been given by the decedent, vests in the following in the order named:

"(a) The surviving spouse;
"(b) The surviving child or children of the decedent;
"(c) The surviving parent or parents of the decedent;
"(d) The person or persons respectively in the next degrees of kindred in the order named by the laws of California as entitled to succeed to the estate of the decedent." (Next of kin.)

Strict conformance to the requirements of the conditions of this section should be adhered to at all times.

Inquiries have been received as to the legality of an autopsy permit, signed by the next of kin *prior* to the death. The decedent, himself, is the only person vested with the right under the above quoted section to authorize an autopsy, *prior* to death. Although it is unlikely that the technical objection would be raised that a permit signed by a person otherwise legally entitled to give such permit was signed before the death, the only safe procedure is to require a permit signed after death by the person entitled under the above section unless the decedent himself has expressly authorized the autopsy.

LETTERS†

Concerning County Society's Rights on Membership:

(COPY)

February 21, 1944.

Frederic Wallace Borden, M. D.,
Secretary, Santa Clara County
Medical Society,
San Jose 23, California.

Dear Doctor Borden:

I duly received your letter of February 15, 1944.

In my opinion, you should return the application of Dr. ———— for membership together with his check, advising him that his application for membership in the Society cannot be considered because he does not satisfy the requirements for membership in that he is not a citizen of the United States. The letter should be signed "Santa Clara County Medical Society" by you as secretary.

A county society is the sole judge of the qualifications of its members. A physician has no vested right to be admitted to membership. If an applicant does not satisfy the requirements for membership as established by the duly adopted by-laws of the society, the society is within its legal rights in refusing him membership therein.

Very truly yours,
HARTLEY F. PEART.

Concerning "San Joaquin Valley Fever"—Name is Protested:

(COPY)

VISALIA CHAMBER OF COMMERCE
Visalia, California, March 3, 1944.

California Medical Association,
San Francisco, California.

Gentlemen:

The matter of the use of the term "San Joaquin" in describing Coccidioidomycosis, commonly known as San Joaquin Valley Fever, was brought before the members of the San Joaquin Valley Association of Commercial Organization Secretaries at a recent meeting.

It was the judgment of this Association that the words "San Joaquin" should be dropped from the common terminology, since this type of fever is found in areas other than the San Joaquin Valley, and since the use of this designation gives unfavorable publicity to the San Joaquin Valley.

I am instructed to bring this matter to the attention of medical associations and to request that everything possible be done to prevent the use of the words "San Joaquin" in connection with the descriptive name of this disease.

Very truly yours,
HAZEL DUTTON, *Secretary.*

Alphonse Laveran (1845-1922).—An example of important work accomplished in medico-military services is that of Alphonse Laveran, who discovered the parasite of malaria while serving as a French army surgeon. This discovery was of far-reaching importance, making possible the brilliant efforts in the control and prevention of this disease by Gorgas, Golgi, Grassi, and others. Laveran published no less than four separate treatises on paludism. In 1907 the Nobel Prize was awarded him.—Warner's *Calendar of Medical History.*

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XVII, No. 4, April, 1919

EXCERPTS FROM EDITORIAL NOTES

Splendid Program.—The annual meeting this year promises to surpass all its predecessors in the variety and profitable character of the convention program. The only regret that comes as one glances over the subject titles and names of the able authors of attractive scientific papers is that one must miss some of them, as we cannot divide ourselves and be in several places at the same time.

There is one unique feature of the program, however, that all may attend. The League for the Conservation of Public Health has arranged a luncheon at the Potter Hotel for Wednesday, April 16th, to which all the Convention delegates are most cordially invited. . . .

When Doctors Disagree.—The Doctor is always expected to win in the never-ending conflict with disease. When judges or theologians disagree no one seems greatly disturbed or surprised. Statesmen may change rapidly and radically upon fundamental policies and still be hailed with enthusiastic applause. But when Doctors disagree the equanimity of some of the people is immediately agitated.

It is natural for Doctors to disagree for our profession as a whole demands incontrovertible evidence before it will accept any new doctrine. The medical profession does not proceed on assumptions or fanciful theories or baseless fabrics of dreams. The difference between Doctors who differ on some unsolved problems and their captious critics who agree on preposterous theories is the difference we always find between fact and fiction. A fairy story is more pleasing to a childish mind than a recital of facts.

The candid confession of the medical profession that science had not yet discovered any standard uniform methods either for the cure or prevention of influenza is a splendid assurance to thinking people that when the Doctors are agreed upon a method or measure it is because it has stood every acid test of science and practical experience. . . .

Payment of State Tax.—In 1918 an act passed the Legislature assessing an annual tax of two dollars against each registered physician in California. In case of nonpayment by March 1, the license of the offender would be subject to revocation and he could only be reinstated by paying a fee of ten dollars. This tax money is to be employed in the prosecution of illegal practitioners and similar work necessary to protect licensed physicians. On the whole, the tax is a good thing and provides an urgently needed fund for very necessary work. . . .

The Business of Medicine.—Medicine is an art. It has become a science. It is and will increasingly be a business. The physician must live and support his share of social and economic order. In return for his income he has a very definite commodity to offer, a very definite contribution to make to society. This commodity is his scientific

(Continued in Back Advertising Section, on Page 30)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By F. N. Scatena, M. D.
Secretary-Treasurer

Board Proceedings

An oral examination was held at the Board office, 907 State Building, Los Angeles, March 16, 1944.

The next written examination will be held at Native Sons Hall, San Francisco, June 27 to 29, inc., 1944. In addition to the regularly scheduled written examinations others have been held at frequent intervals to assist in securing licensed physicians and surgeons because of the war emergency.

News

"The age limit was raised today from 50 to 55 for doctors qualified to serve as specialist medical officers in the Navy, as a measure to release younger doctors for service at sea, the Office of Naval Officer Procurement announced. Qualified doctors were urged to apply at that office, 703 Market St." (San Francisco *News*, March 4, 1944.)

"What would Wasco do without doctors? These faithful medical folk who put long hours in their offices seeing the sick or ailing and listening to many a tale of woe. . . . Hospital visits, long rides to far distant patients, and phone calls by the score. These are but a part of the long tedious task of these professional leaders. When the Scroll of Honor of our town is inscribed surely the doctors deserve a place at the head of the list. All honor to friend doctor!" (Wasco *News*, February 18, 1944.)

"Dr. William J. Ross, physician, 1300 Venice Blvd., yesterday was ordered held to answer in Superior Court on a charge of murder and criminal surgery following a preliminary hearing before Municipal Judge Joseph F. Chambers. Dr. Ross is alleged to have performed an illegal operation which resulted in the death of Mrs. Isabell Jenkins, 25, of 1883 W. 20th St., Feb. 12. The physician denies the charge." (Los Angeles *Times*, February 26, 1944.)

"Arrested on a charge of practicing medicine without a license, Mrs. Nolia Sanders, 48 years old, 2406 Foothill Blvd., pleaded guilty in San Bernardino township court yesterday and paid a fine of $300. Mrs. Sanders was sentenced by Justice Russell A. Wickizer and was taken into custody on a complaint signed by S. W. Brooks, agent of the state medical board. . . . Mrs. Sanders was charged with violation of the state business and professional code, a misdemeanor." (San Bernardino *Sun*, January 23, 1944.)

"Dr. Charles E. Boudwin, 62, and Mrs. Ella Berry, 40, who gave her occupation as a nurse, were held today after being arrested late yesterday by Oakland inspectors

(Continued in Back Advertising Section, on Page 40)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.



Swift and Sustained Action

A valued property of this powerful vasoconstrictor is its rapid action and repeated effectiveness.

In addition, nasal decongestion is obtained without appreciable cardiac or psychic side effects—plus no appreciable damage to cilia.

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Available in a ¼% or 1% solution in 1-oz. bottles for dropper or spray; and as a ½% jelly in collapsible tube with applicator.

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Colfax School for the Tuberculous

COLFAX, CALIFORNIA

There are two units, The Colfax Hospital and the Bushnell Sanatorium, for the treatment of Pulmonary Tuberculosis.

The Colfax School for the Tuberculous is located in the pine clad Sierra Nevada foothills, at an elevation of 2,400 feet; an elevation free from the fogs of the valleys and free from extremes of heat or cold.

This Institution supplies, among other advantages:

1. **Individual care and supervision under skilled physicians.**
2. **Education as to essentials of recovery from, and the prevention of the spread of, disease.**
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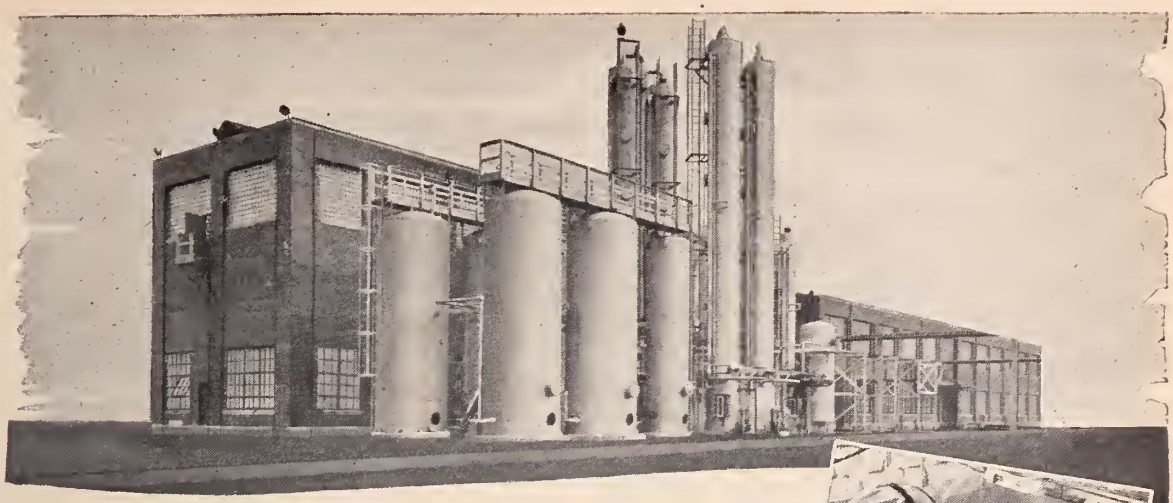
and its Quarter-Century Background

Ehrlich's prophetic vision of the "magic bullet" which would combine deadly efficacy against pathogenic bacteria with perfect compatibility in the human organism, approaches fulfillment in penicillin. Contrary to Ehrlich's expectation, this magic bullet is not a synthetic drug developed by a chemist—it results from the metabolism of a mold. Biologic production of a chemotherapeutic agent thus is now applied in the pharmaceutical field, a new approach.

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It is this type of work in which Commercial Solvents Corporation has been engaged since its beginning. For a quarter century, the life habits of bacteria and molds have been the study to which an ever increasing number of scientists in the C. S. C. Research Laboratories are devoting their lives. From their studies have come valuable products, such as butanol, acetone, vitamins, etc., achieved by exacting standards of sterility, an extremely important factor in the working of the highly sensitive microorganisms. What other manufactruer of any kind in the United States has had comparable experience in the application of microbiologic methods to mass production?

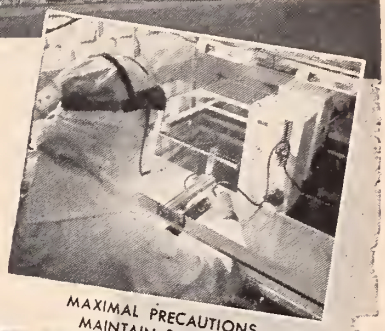
With the confidence born of this experience Commercial Solvents Corporation built, with its own funds, what now may well be the largest penicillin plant in the United States. It incorporates not only the fruits of 25 years of experience, but also the latest developments in the testing, handling, and packaging of a



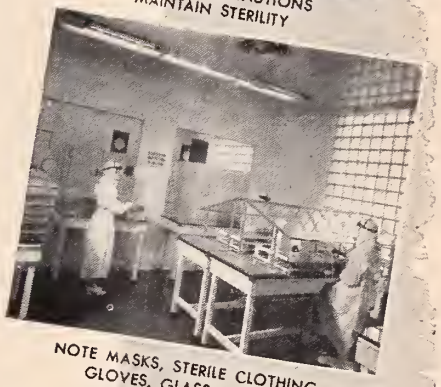
product upon the integrity of which the physician so often may have to stake his patients' lives. Rigid laboratory controls assure for Penicillin-C. S. C. uniform potency, sterility, and freedom from pyrogens.

Thus Commercial Solvents Corporation brings to the manufacture of penicillin not only outstanding production facilities, but also the knowledge born of a quarter century of research and actual experience, in a field not only difficult but largely unexplored by the pharmaceutical industry in general.

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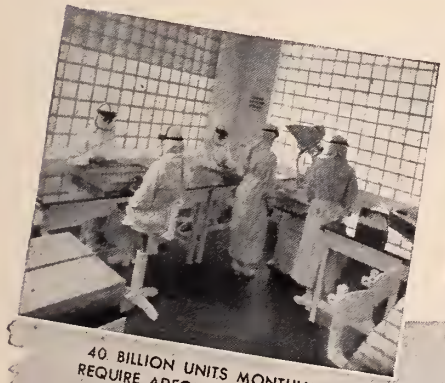
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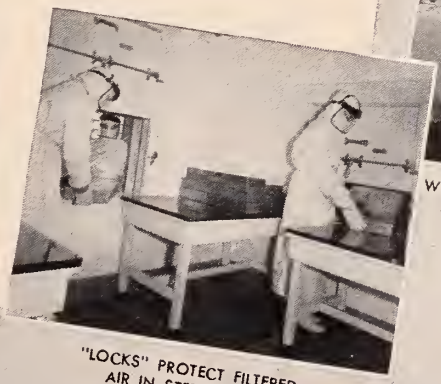
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TWENTY-FIVE YEARS AGO

(Continued from Text Page 232)

skill in instructing people how to maintain and regain health. This commodity is of definite market value and is listed among social and economic necessities. It is a necessity for society in general, for industry and for the individual. Therefore it is right that society, industry and the individual should pay the physician in proportion to the service he renders. We are not now discussing free service to the poor, further than to say that society at large must pay part of its cost while the varying balance is paid by the physician.

How much should the physician be paid and how should he be paid? . . .

EXCERPTS FROM ORIGINAL AND OTHER ARTICLES

From an Article on "Endocrine Glands and Their Relation to Vaso Motor Disturbances of the Air Passages, Hay Fever and Asthma, with the Past Year's Report," by Grant Selfridge, M.D., San Francisco, Cal.—When I began the practice of my specialty twenty-eight years ago, I think I was in about the same state of mind, regarding laryngology, as the gynecologist, whose point of view at that period appeared to be that the ovary had no relation to the rest of the body and its total massacre did not cease until countless numbers of nervous wrecks and frequent insanities had resulted.

For a few years back I have been trying to discover the causes of so many failures, by laryngologists and myself in particular, to relieve people of their ills, and

(Continued on Page 32)





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TWENTY-FIVE YEARS AGO

(Continued from Page 30)

see too if there was not somewhere an explanation of our inability to cure many of the nose and throat afflictions and among others, as example, children of their repeated colds, anaphylactic in type, by the indiscriminate slaughter of the tonsils. . . .

From an Article on "The Classification of Naval Recruits," by A. W. Stearns, M.D., Lieut. M. C., U.S.N.R.F.

INTRODUCTORY

Since the period of the present war [World War I] large numbers of young men have entered the Navy from every walk of life, embracing all degrees of ability, education and training. The numbers have been so large that no personal method of estimating the worth of the individual has been possible, yet, obviously, it is highly desirable that some sort of a classification be made, that each man may as far as possible be used to the best advantage by the Government. The first rough grouping has been made at the recruiting office, but due to the fact that work there was necessarily done hurriedly, and that the mass of recruits could only be enlisted as apprentice seamen, a classification at the training station becomes important. . . .

Excerpt from Correspondence: Against Monopolistic State Accident Insurance.

To the Editor:

Kindly permit me to take advantage of the editorial

(Continued on Page 34)



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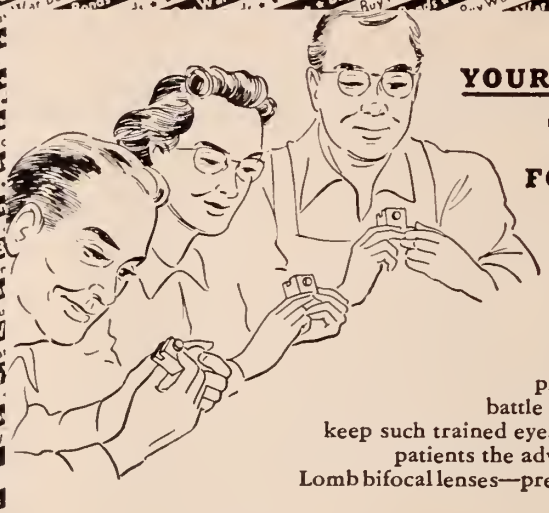
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TWENTY-FIVE YEARS AGO

(Continued from Page 30)

request in the February number of the Journal, to be heard with reference to the Industrial Accident Insurance.

Before Accident Insurance came into being the manner in which injured employees were often permitted to suffer badly through poverty and the indifference of the employer became a scandal. It resulted in much unwholesome litigation, the result of which was far from satisfactory in most cases. It is not strange that a necessity developed in the minds of the public for some remedy for this evil. Unfortunately the remedy which has been attempted in California is so positively political in its nature, that it is a grave question, whether the benefits accruing from its action have in any measure whatsoever outweighed the evil. In the first place the rank and file of the Medical Profession were neither consulted nor considered by the politicians in Sacramento in jamming through this bill. . . .

Excerpts from Programs of the Medical Society of the State of California, Santa Barbara, April 15, 16, 17.

The State Society has stood the storm of the past two years very successfully. As an organization it might have been classed among the nonessential industries and the question might have arisen whether or not it was worth while to maintain such an organization during the war. . . .

Moreover, we have strengthened our position in many ways. The establishment of a collateral organization such as the League for the Conservation of Public Health

(Continued on Page 36)

A national responsibility

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April 30—May 6



FOR A FULL WEEK, the leading pharmacies of the United States will concentrate their energies on promoting a child health program.

They will have special educational displays—they will talk to parents—they will encourage them to visit physicians for regular child health examinations and immunizations against the common diseases. All this effort will be directed toward stimulating parents to more active cooperation in child health measures.

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Medical Directors, Pasadena, California

TWENTY-FIVE YEARS AGO

(Continued from Page 34)

is a distinct advance in medical organization. While this is not strictly speaking connected with the Medical Society of the State of California, its purposes and aims are an expression of the ungratified wish of the best element in our profession, and the same men who stand for the best in our Society are sponsors for the principles of the league. It serves a purpose which the Society itself could not do. . . .

A Memorial Oration. Delivered by Doctor James T. Watkins at the Annual Meeting of the San Francisco County Medical Society, January 14, 1919.—There is infinite pathos in the way in which man, from the beginning of recorded time, has striven to reach across the void of Death to those who have gone before him into the Valley of the Shadow. From the prehistoric mound-builder, who buried with his dead household utensils and implements of the chase, still priceless to the survivor, down through the ages and succeeding civilizations even to the Hindus practising Suttee in the middle of the past century, we behold the eagerness of man to sacrifice possessions and even life, in the hope that by so doing he may make smooth the way of his beloved Dead.

Dudley Tait, University of Paris, '88.

This Society is under very real obligations to you, Dudley Tait. You did work which had to be done in building the medical law of this State, but which I doubt if any other one man could have been found to do.

(Continued on Page 38)

EMERGENCY IN A "FRYING PAN"



● They call it the hottest spot in war . . . the blistering gullet of a front-line tank. But medical officers don't hesitate . . . down they go to the casualties.

Tough? Sure—but routine to the war doctor. Heroic risks, exhausting shifts; no special praise. He's thankful for "time off" now and then. Time for a friendly smoke . . . Camel preferably . . . the first choice of our men at war.

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Resident Clinicians

TWENTY-FIVE YEARS AGO

(Continued from Page 36)

You desired greatly the goodwill of your fellow men, but when you had undertaken what you deemed to be your duty, neither your financial interests nor your professional advantage nor your personal relations could deter you from the full accomplishment of your purpose. . . .

Excerpt from Industrial Medicine: Conference on Rehabilitation.—A conference on the rehabilitation of the disabled was held in New York City from March 18 to March 22, 1919 inclusive. It promised results of unusual value. It was international in its representation and the scope of subjects discussed, and had a special interest for the medical profession, and for all those who play a part in the restoration of the disabled to the best possible physical condition. . . .

War Influence Upon Education.—A country can not go through two years of war and not come out of it with new visions, new viewpoints, and new responsibilities. When the draft took men from the industries and offices there came from the employers a general demand for workmen. The question of sex was hardly material. The main problem was that of proper education and training. To put untrained workers in the positions meant to lower the efficiency. Public sentiment had crystallized into a demand for an educational system which would fit men and women for industrial and business life. . . .

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- Menopausal symptoms
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For all genito-urinary infections, particularly the irritateed bladder of Prostatics	Calcium Carbonate
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Fluid Depletion	Sodium Chloride
Indicated in combinations with Sulfa therapy	Sodium Phosphate
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Sparkling Palatable Not a Laxative

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CALSO WATER is not a laxative.

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 232)

and J. W. Williams, State Board of Medical Examiners inspector, at a combined home and office at 1097 Stanford Ave., Oakland. Police said both admittedly were under the influence of narcotics and reported finding Dr. Boudwin . . . in a dazed condition which prevented him arising from the floor. According to officers, he admitted taking 30 grains of a strong sedative daily. Police said they found evidence that abortions possibly had been performed at the office and said there were no facilities for sterilizing instruments." (San Francisco *News*, February 26, 1944.)

"A quantity of narcotics, a hypodermic syringe and two needles and several surgical instruments were stolen from the automobile of Dr. S. H. Kestenbaum, of 272 Conway Avenue, parked in front of 1333 East Adams Boulevard last night, the doctor reported to police today." (Los Angeles *Herald and Express*, January 29, 1944.)

"Arrest of two women who have been charged with murder and start of a search for an osteopath for questioning as the result of the death of Miss Mary Agnes Rubert, 21, a Long Beach shipyard worker, was revealed today by police of that city. Arrested were Mrs. Marian Reagan and Mrs. Peggy Middleman, both charged by a coroner's jury with complicity in an asserted illegal operation on Mrs. Rubert shortly before her death." (Los Angeles *Herald and Express*, February 11, 1944.)

(Continued on Page 42)

FOR THE POST-OPERATIVE PERIOD

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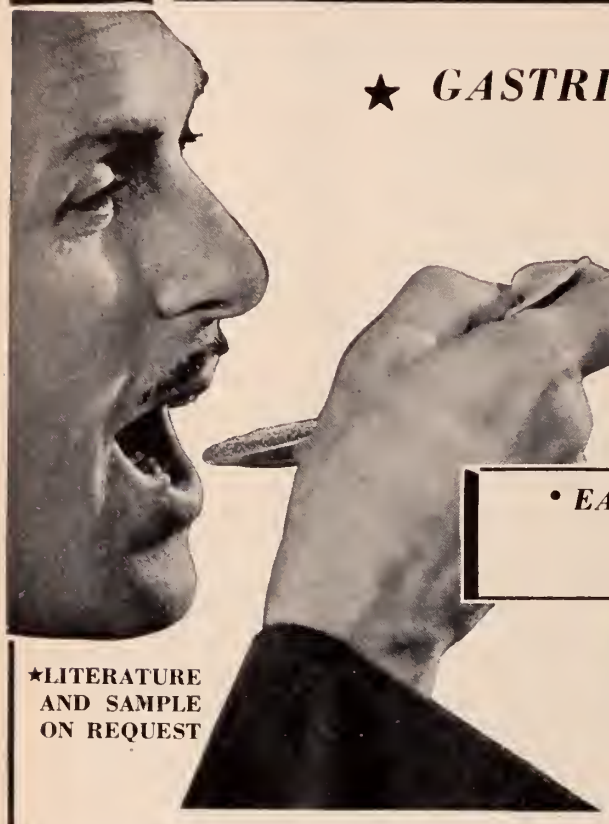
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(Continued from Page 40)

"Dr. Rudolf von Urban, 63, Monterey County adviser on sexual problems, was acquitted yesterday of charges that he had practiced medicine without a license . . . von Urban was brought into court on the complaint of J. W. Williams, investigator for the State Board of Medical Examiners. The State contended that Dr. von Urban had been trained as a physician in his native Vienna, had practiced medicine there for many years, and therefore was acting as a doctor when he set out to advise Monterey County woman. . . ." (Oakland *Tribune*, March 2, 1944.)

"A citation for courage and for 'calm and brilliant surgery while under air attack' has been presented to Lt. Commander W. P. Goddard of Mill Valley by Admiral W. F. Halsey, commander of the South Pacific area. Commander Goddard, 39, a physician here for more than 10 years, has been in the navy's medical service for two years. The citation was for heroism in the attack on Bougainville and in subsequent reinforcement in face of heavy air attack. . . ." (Petaluma *Argus-Courier*, February 26, 1944.)

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BOOK REVIEWS

(Continued from Front Advertising Section, Page 22)

Maurice Arthus' Philosophy of Scientific Investigation. Preface to De l'Anaphylaxie à l'Immunité, Paris, 1921. Translated from the French, with an Introduction by Henry E. Sigerist. Foreword by Warfield T. Longcope. Paper. Price, 75c. Pp. 26. Baltimore: The Johns Hopkins Press, 1943.

It is now more than 20 years since the French physiologist, Maurice Arthus, published a book, the title of which was "De l'Anaphylaxie à l'Immunité." At that time the monograph was a notable contribution to the subject, for Arthus was one of the pioneers in this particular field of investigation.

This intimate and charming address of the master to his pupils is a bit of medical literature which is worthy of being preserved. There is certainly nothing novel in the topic, but Arthus approaches it in such an unusual manner, and with such full understanding of the pitfalls that lie in the path of the unwary student, that the essay acquires an unique quality.

The book is now difficult to obtain in this country, for it is not to be found in some of the largest medical libraries. For many years it has seemed desirable that this delightful preface should be better known. A translation was contemplated but never materialized until the suggestion was made to Dr. Sigerist. With his quick appreciation and enthusiasm he immediately consented to undertake this rather delicate and difficult task, and now through his kindness this unique piece of medical literature is readily available. It is hoped that all who read it may derive pleasure and profit from it.

(Continued on Page 46)



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BOOK REVIEWS

(Continued from Page 44)

Backache and Sciatic Neuritis. Back Injuries-Deformities-Diseases-Disabilities; with notes on the Pelvis, Neck, and Brachial Neuritis. By Philip Lewin, M.D., F.A.C.S., Associate Professor of Bone and Joint Surgery, Northwestern University Medical School; Attending Orthopaedic Surgeon, Cook County Hospital; Attending Orthopaedic Surgeon, Michael Reese Hospital; Professor of Orthopaedic Surgery, Cook County Graduate School of Medicine, Chicago; Lieutenant Colonel, Medical Corps, U. S. Army. Line Drawings by Harold Laufman, M.D., Instructor in Surgery, Northwestern University Medical School, Chicago; Captain, Medical Corps, U. S. Army. Cloth. Pp. 745, illustrated with 235 figures. Philadelphia: Lea & Febiger, 1943.

This book gives the general practitioner facts needed in the diagnosis and treatment of backache and sciatica and related conditions. Industrial compensation, medico-legal and military aspects of the subject are emphasized.

In no other region of the body is it possible to observe a clinical syndrome so precise in localization and pathological anatomy as in back disorders. But to accomplish this, keen diagnostic ability is demanded. One must have an accurate knowledge of anatomy and bio-mechanics, one must obtain an accurate history, the physical examination must be made in proper sequence, the tests must be properly interpreted, the examiner must be proficient in the interpretation of roentgenograms, and be able to evaluate a few special tests.

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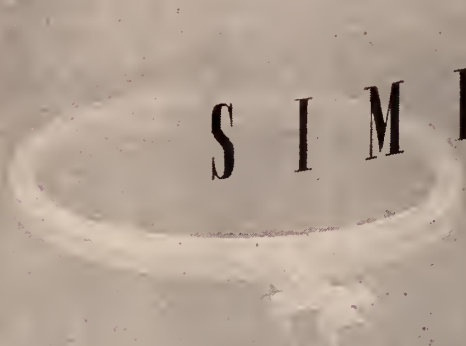
and dispatch. The writer states that the value of continuity of treatment cannot be overestimated.

Handbook of Nutrition. A Symposium. Prepared Under the Auspices of the Council on Foods and Nutrition of the American Medical Association. Cloth. Pp. 585. Chicago: American Medical Association, 1943.

The most fertile field in the world of medical research today is nutrition. The yield is good and even in time of war the product compares favorably in value with that of the industries. To weigh these values critically, to correlate them, to examine them in their relation to medical practice and human welfare, and then in the light of the information thus gained to revise present day knowledge is the object of this series of special articles on nutrition.

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NUMBER 5

MAY - 1944

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In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the libraries of the following institutions:

University of California Medical Library, Medical Center, San Francisco. Phone MOntrose 3600.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco. Phone WEst 8000.

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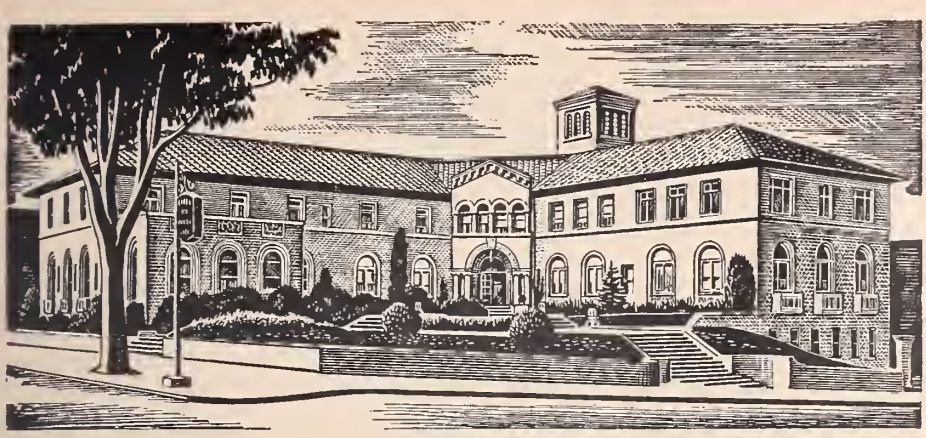
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Textbook of General Surgery. By Warren H. Cole, M.D., F.A.C.S., Professor and Head of the Department of Surgery, University of Illinois College of Medicine; Director of Surgical Service, Illinois Research and Educational Hospitals, Chicago; and Robert Elman, M.D., Associate Professor of Clinical Surgery, Washington University School of Medicine; Assistant Surgeon, Barnes Hospital; Associate Surgeon, St. Louis Children's Hospital; Director of Surgical Service, H. G. Phillips Hospital, St. Louis. Fourth Edition. Cloth. Pp. 1118, with illustrations. New York, London: D. Appleton-Century Company, Incorporated, 1944.

Allergy in Practice. By Samuel M. Feinberg, M.D., Associate Professor of Medicine and Chief of the Division of Allergy, Northwestern University Medical School; President, American Association for the Study of Allergy, 1942-1943; with the collaboration of Oren C. Durham, Chief Botanist, Abbott Laboratories. Cloth. Price, $8.00. Pp. 798, with illustrations. Chicago: The Year Book Publishers, Inc., 1944.

Education and Health of the Partially Seeing Child. By Winifred Hathaway. Published for the National Society for the Prevention of Blindness, Inc. Cloth. Price, $2.50. Pp. 216, with illustrations. New York: Columbia University Press, 1943.

The Wounded Get Back. By Albert Q. Maisel, with a foreword by Ross T. McIntire, Rear Admiral, Medical Corps, U.S.N., the Surgeon General of the Navy. Cloth. Price, $2.50. Pp. 230. New York: Harcourt, Brace and Company, 1943-1944.

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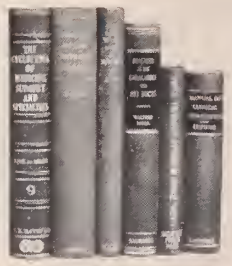
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Guiding the Normal Child. A Guide for Parents, Teachers, Students, and Others. By Agatha H. Bowley, Ph.D., with a Foreword by D. R. MacCalman, M.D., Crombie-Ross Lecturer in Psycho-Pathology, University of Aberdeen; Hon. Assistant Physician in Charge of Department of Psychological Medicine, Royal Infirmary, Aberdeen; Sometime General Secretary, Child Guidance Council, London. Cloth. Price, $3.00. Pp. 174. New York: Philosophical Library, 1943.

Laboratory Methods of the United States Army. Edited by James Stevens Simmons, B.S., M.D., Ph.D., D.P.H., Sc.D. (Hon.), Brigadier General, United States Army; Chief of the Preventive Medicine Service, Office of the Surgeon General, United States Army; Lecturer, Department of Preventive Medicine, Johns Hopkins University Medical School; Lecturer in Public Health, Yale University School of Medicine; Professorial Lecturer in Preventive Medicine, George Washington University Medical School; Member "Visiting Committee," Harvard School of Public Health; Lecturer in Tropical Medicine, Army Medical School; and Cleon J. Gentzkow, M.D., Ph.D., Colonel, Medical Corps, United States Army; Commanding Officer, Deshon General Hospital, Butler, Pennsylvania; formerly Chief of the Division of Chemistry and Physics, the Army Medical School, United States Army. Approved by the Surgeon General of the United States Army. Cloth. Price, $7.50. Pp. 823, illustrated with 103 Engravings and 8 Color Plates. Philadelphia: Lea & Febiger, 1944.

Tropical Nursing. A Handbook for Nurses and Others Going Abroad. By A. L. Gregg, M.A., M.D., M.Ch., B.A.O. (Dublin) D.T.M & H. (Lond.), L.M. (Rotunda Hospital), Member of Associate Staff of, and Lecturer to Nurses at the Hospital for Tropical Diseases, London, Lecturer on Tropical Diseases, Westminster Hospital Medical School. 2nd Edition. Cloth. Price, $3.00. Pp. 185. New York: Philosophical Library, 1944.

(Continued on Page 18)

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New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division ,One Pershing Square, New York 17, N. Y.

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By A. Piney, St. Mary's Hospital, London

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1. Kerr, W. H. et al.: Nebr. State Med. J., 26:129, 1941.

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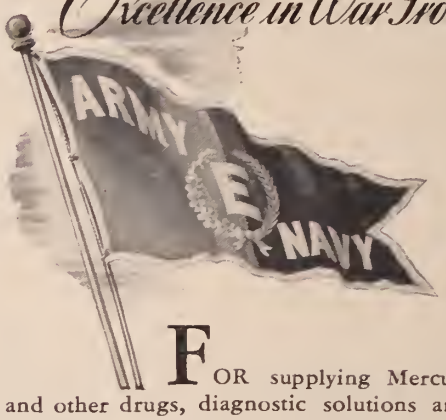
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BOOKS RECEIVED

(Continued from Page 10)

Elimination Diets and the Patient's Allergies. A Handbook of Allergy. By Albert H. Rowe, M.D., Lecturer in Medicine, University of California Medical School, San Francisco, California; Consultant in Allergic Diseases, Alameda County Hospital, Oakland, California. Second Edition, thoroughly revised. Cloth. Price, $3.50. Pp. 256. Philadelphia: Lea & Febiger, 1944.

Clinics. Edited by George Morris Piersol, M.D., Professor of Medicine, Graduate School of Medicine, and Professor of Clinical Medicine, School of Medicine, University of Pennsylvania, Philadelphia, Pa., with the collaboration of Francis Gilman Blake, M.D., Yale University, New Haven; Russell L. Cecil, M.D., Cornell University, New York; Vernon C. David, M.D., Rush Medical College, Chicago; Nicholson Joseph Eastman, M.D., Johns Hopkins University, Baltimore; Karl Musser Houser, M.D., University of Pennsylvania Hospital, Philadelphia, Pa.; William John Kerr, M.D., University of California, San Francisco; John W. McNee, D.S.O., M.D., University College Hospital, London; Jonathan C. Meakins, M.D., McGill University, Montreal; George Richards Minot, M.D., Harvard University, Boston; John Walker Moore, M.D., University of Louisville, Louisville; John Herr Musser, M.D., Tulane University, New Orleans; Lewis J. Pollock, M.D., Northwestern University, Chicago; Isidor S. Ravdin, M.D., University of Pennsylvania, Philadelphia; Borden Smith Veeder, M.D., Washington University, St. Louis; George Barclay Wallace, M.D., New York University, New York; and Alan C. Wood, M.D., Johns Hopkins University, Baltimore. Vol. II, No. 5. February, 1944. Philadelphia: J. B. Lippincott Company, 1944.

(Continued on Page 20)

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BOOK REVIEWS

(Continued from Page 18)

Strophanthin. Clinical and Experimental Experiences of the Past 25 Years. By Bruno Kisch, M.D. Formerly: Professor on the Medical Faculty of Cologne University (Germany), Visiting Professor to the International University in Santander (Spain), Research Fellow at Yale University. Cloth. Price, $4.00. Pp. 158, with illustrations. New York City: Brooklyn Medical Press, 1944.

This monograph is written for the purpose of urging the American medical profession to reconsider the question of clinical application of strophanthin.

In all Europe during the past twenty-five years, there has been no doubt whatever concerning the significant rôle of strophanthin in the treatment of cardiac diseases. It is true that in the first years when strophanthin was administered intravenously, there were experiences partially unfavorable, due to wrong dosage.

In the countries of the western hemisphere the situation and attitude is different. An overwhelming majority of the medical profession in the United States is still under the influence of the psychic shock that resulted from the few unfavorable experiences of the early years of intravenous strophanthin administration and from the reported unfavorable consequences attributable to individual therapeutic mistakes.

Safe Convoy. The Expectant Mother's Handbook. By William J. Carrington, A.B., M.D., F.A.C.S., Attending Gynecologist Atlantic City Hospital, Atlantic County Hospital for Nervous and Mental Diseases, Pine Rest Hospital, Atlantic City Municipal Hospital and Atlantic Shores Hospital; Diplomate American Board of Obstetrics and Gynecology; former Vice President American Medical Association. Cloth. Price, $2.50. Pp. 256. Philadelphia, New York: J. B. Lippincott Company, 1944.

The first handbook, *The Little Book for Women*, was

(Continued on Page 22)

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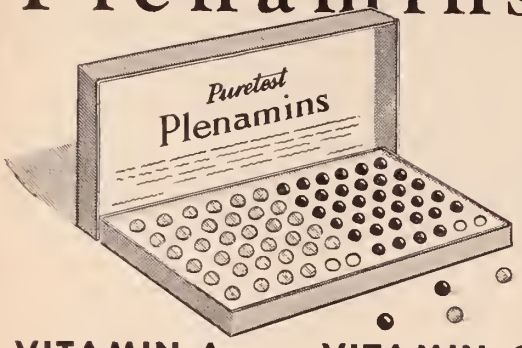
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BOOK REVIEWS

(Continued from Page 20)

written in Würzburg, Germany, before Columbus discovered America. It was written by a man who probably never attended a woman in labor, for if he did, it was in defiance of the law. As late as 1532 a doctor named Vertis was burned at the stake in Germany for disguising himself as a woman in order to help deliver a woman who was in desperate straits.

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Mussels Are Garbage Collectors of the Sea.—Mussels are garbage collectors of the sea, and together with oysters, clams, and sea-squirts they remove great quantities of débris from ocean water near shore, according to Dr. Denis L. Fox, associate professor of marine biochemistry at the University of California's Scripps Institution of Oceanography of the University of California.

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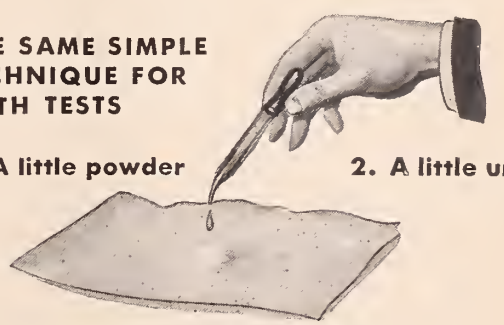
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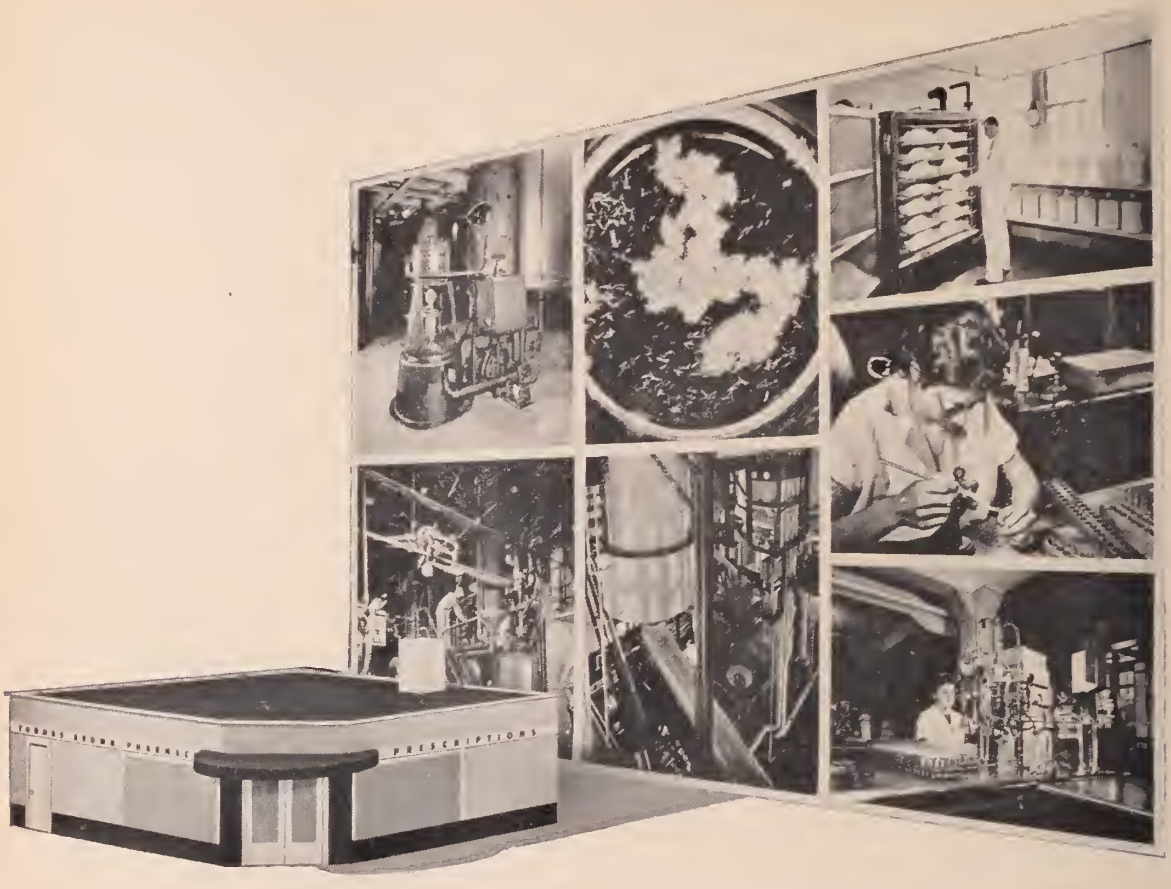
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Editorial Board

Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C. M. A. department, see index below.)

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Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

AN EVENTFUL C.M.A. YEAR: GREETINGS TO OFFICERS

Retiring President Karl L. Schaupp.—On the evening of May 8, 1944, Doctor Karl L. Schaupp of San Francisco passed over to Doctor Lowell S. Goin of Los Angeles, the toga of the presidency of the California Medical Association. Thus will the State Association carry on,—founded in 1856 by a group of Forty-Niner forebears of the medical profession under the leadership of Benjamin F. Keene. With the advent of new officers, it is fitting that mention be made concerning the services rendered by the outgoing president.

Doctor Schaupp, a native son, grew up in the Bay region of San Francisco, and battled to obtain the means to secure his liberal arts education, even to the extent of going to Alaska in the gold rush days and mushing it in that region. Returning to California, he entered the department of liberal arts of Stanford University, played on its then Rugby football team and though himself of most limited means, was elected president of the student body in an institution that had many sons of wealth. He received his medical degree from Stanford, and in its medical school he has long served in the department of obstetrics.

In the San Francisco County Medical Society and the California Medical Association, too, he has held many offices of responsibility. On special committees of these organizations, he has brought to bear a judgment based on keen insight and an unfailing sense of fairness.

It may, indeed, be said of him,—concerning, for example, the plans in operation for providing adequate medical service to the thousands of agricultural workers who come to California from other States,—that, without his able advice and supervision, the governmental agency in charge would have been tremendously handicapped in its obligations to furnish such proper medical and hospitalization care to this group of migratory citizens. The California Medical Association, therefore, may take justifiable pride in these achievements, so harmoniously and splendidly carried on with governmental authorities, largely through his initiative.

In similar manner, and at hardship to his own interests, because of the time and effort involved, he has served as a member of the Board of Directors of the Hospital Service of California. His

presence on that Board had much to do with bringing about a possible unification of medical and hospitalization service, which it is to be hoped will come to good fruition at this year's C.M.A. annual session.

For his generous efforts, then, on behalf of the profession he loves, the members of the California Medical Association express to Doctor Karl L. Schaupp their deep appreciation.

* * *

Incoming President Lowell S. Goin.—The California Medical Association on May 8th welcomed, as its chief for the coming year, Doctor Lowell S. Goin of Los Angeles,—knowing full well that, in the serious days ahead, he will display the excellent judgment and leadership, of which, in years of organization activity in the Los Angeles County Medical Association and as Speaker of the C.M.A. House of Delegates, he has so often and well given evidence.

So, once again:

To Doctor Karl L. Schaupp, all good wishes; and

To Doctor Lowell S. Goin, greetings and a pledge of our individual and joint support, in the serious work still ahead.

* * *

President-Elect Philip K. Gilman. — The May number of CALIFORNIA AND WESTERN MEDICINE being in press at the time this year's annual session was held on May 7-8, it is not possible to give detailed information concerning the meetings and transactions. Minutes of the House of Delegates will appear in the June issue. It may be stated here, however, that the general and section meetings were carried through in excellent manner. More than 850 persons were present at the Dinner to President Karl L. Schaupp. The changes in organization whereby the C.M.A. House of Delegates will function hereafter as administrative members of California Physicians' Service were happily consummated.

Captain Philip K. Gilman, U.S.N.R., who is stationed in San Francisco, was elected to the office of President-Elect. Doctor Gilman's long service as an officer of the San Francisco County Medical Society and his more recent contributions to the welfare of the profession, both as chairman of the C.M.A. Council and in connection with Procurement and Assignment Service activities, are more than an ample warrant that the California Medical Association may look forward with assurance that continued prosperity in organization and public health work will mark his term of office. The honor that has come to Captain Gilman has been worthily bestowed.

CALIFORNIA PUBLIC OPINION AND THE MEDICAL PROFESSION

"Interpretative Report": Printed in This Issue.—In the April number of CALIFORNIA AND WESTERN MEDICINE, on page 158, the C.M.A. Council reported on "A Survey of Public Relations of the California Medical Association," made for it by a nationally known group of public opinion experts,—the firm of Foote, Cone and Belding. The survey, made during the month of November, 1943, dealt with 5,090 personally-conducted interviews with a representative cross-section of the population of the State of California.

The interpretative report by Mr. John R. Little was submitted to the C.M.A. Council at its 314th meeting, held in San Francisco on January 23, 1944. Mr. Little's comments were listened to with rapt attention by the C.M.A. Councilors.

The discussion, which followed, based on the facts brought out by Mr. Little, took on a most serious tone and led to the adoption of actions that have been outlined in Council minutes recorded in the OFFICIAL JOURNAL.*

Since January last, representatives of the Council have visited many of the component county societies, to give at special meetings, additional information concerning the facts brought out in the 232 page survey report.

The recommendations made in the report also received serious consideration by the House of Delegates when the 73rd annual session convened in Los Angeles on May 7th. The minutes of the House will appear in the June issue.

The attention of every member of the California Medical Association is, therefore, called to the "Interpretative Report" by Mr. Little, to be found in this current issue, on page 241.

The Council expresses the hope that every C.M.A. member will take the time to read the report, and to ponder on its facts and implications.

It is also suggested that, at the first meeting of every county society, following this year's annual session of the State Association, the local delegates be called upon to give their impressions on the actions taken by the C.M.A. House of Delegates in Los Angeles.

Whatever procedures may have been adopted at that time, should have the whole-hearted and united support of the entire membership of the Association. A perusal of the Interpretative Report by every member of the California Medical Association will bring home, to all alike, the seriousness of the work ahead, and go far in promotion of measures designed to remedy existing weaknesses. So, one and all, do not fail to read this important report!

UNIFIED MEDICAL AND HOSPITALIZATION SERVICE FOR CALIFORNIA

A Long-Desired Aim Seems Possible of Achievement.—Among organization problems that have confronted the medical profession of California during recent years, none have received much more thought than those related to adequate medical and hospitalization service for citizens belonging to low income groups.

In an endeavor to secure facts and figures as a basis of procedure for plans under consideration

* For page references in November, March and April numbers of CALIFORNIA AND WESTERN MEDICINE, see issue of April, 1944, on page 158.

some years ago, the California Medical Association appropriated funds in little less than lavish fashion. For instance, to revive an unhappy memory, the so-called "California Medical Economic Survey."

On the ground-work of studies and discussions, the House of Delegates of the California Medical Association brought into being, in December, 1938, an organization it then sponsored under the name of "California Physicians' Service."

The newly-organized activity was incorporated on February 2, 1939, and promptly arranged to take up its work.

At that time two hospitalization groups were also in operation, one with headquarters in Sacramento and the other in Oakland. These were followed by a third, with a major office in Los Angeles. These three hospitalization groups are now operating under the sanction of the national "Blue Cross" hospitalization organization.

For some time, however, it has become more and more evident that the objectives of California Physicians' Service, the Hospital Service of California, the Hospital Service of Southern California, and Intercoast Hospitalization Insurance Association might be greatly promoted if medical and hospitalization services could be brought into better coördination.

The annual report of the C.M.A. Council, to be found on page 158 in the April issue of California and Western Medicine, refers to the Liaison Committee composed of representatives of these four organizations. To render possible some of the betterments under contemplation, it has been necessary for California Physicians' Service to make extensive changes in its corporate set-up. These matters received serious consideration at the meeting of the House of Delegates; and in due course, reports of actions taken will be given in the Official Journal. With C.P.S. now on a $2.25 unit payment basis, indications point to even greater progress, if ways and means can be devised through which the four organizations each acting one with the other, will be able to attain maximum efficiency in service and results.

"UNITED PUBLIC HEALTH LEAGUE": BORN OF A QUARTER CENTURY OF CALIFORNIA EXPERIENCE

The League Has Opened a Washington Office.—If there are any members of the California Medical Association to whom the name "United Public Health League" is something new, they should orient themselves thereon, by scanning the items dealing with this newly-formed organization of six of the Western state medical associations, as printed in California and Western Medicine (March, pages 103 and 109; and April, page 170).

It is not necessary to explain to California physicians the advantages of a public health league composed of members of the profession of medicine, dentistry, pharmacy, nursing and allied groups. The record of achievement by the Public Health League of California, in activities designed to maintain the highest quality and distribution of medical service, and to prevent the passage of laws that could have a detrimental influence on the best interests of the public health, has been one in which California physicians may take pardonable pride. Physicians, who believe in the value of coöperative effort for the attainment of legitimate objectives aiming to safeguard the health interests of citizens, have been and are in full accord with public health leagues.

The organization of the "United Public Health League" has been followed by the prompt establishment of an office in Washington, D. C.

In this current issue of California and Western Medicine, excerpts from the Washington Letter of Mr. Ben H. Read, of California, who represents the League in Washington, appear on page 257. The introductory paragraph of Mr. Read's Washington Letter explains, in part, why the Washington Office was created:

"Pursuant to instructions from the Board of Directors, an office of the United Public Health League was opened in Washington, D. C., on March 14, 1944. The purpose of this office is to act as a two-way Information Bureau, serving national legislators from the States making up the membership of the League and, in turn, relaying information from Washington to members of the medical profession in those States."

As has been stated in articles referred to above, the United Public Health League aims to work in full harmony with all other national, regional and local agencies having, as their purpose, the promotion of the best interests of both the public health and the medical profession. Hence, the Washington Letter mentioned, and which is given in part in the current number, is worthy of perusal.

TRIBUTE TO HOWARD C. NAFFZIGER, M. D.

The Journal of Nervous and Mental Disease for May, 1944 (Vol. 99, No. 5) was issued as a special number, dedicated to Howard C. Naffziger, M. D., Professor of Surgery, University of California Medical School, on the occasion of his sixtieth birthday, May 6.

The Surgeon General of the U. S. Army, Major General Norman T. Kirk, in his salutation stated of the physician so honored:

"His active participation in medical education and his wide experience and intensive interests in the field of Neurosurgery have permitted him, as Chairman of the Subcommittee for Neurologic Surgery of the National Research Council, to direct with special proficiency the assiduous activities and productive contributions of this organization."

From the greeting of Robert G. Sproul, President, University of California, may also be gleaned the following:

"Not only is Dr. Naffziger himself, together with two of his associates, constantly engaged in significant research in surgery of the brain, but much experimental

surgery is being carried on by members of the Division with his encouragement and advice. Thus, as stimulating teacher and brilliant research leader, Dr. Naffziger has developed, in the Division of Surgery in the University of California Medical School, one of the finest surgical departments in the country; and as executive administrator, combining vision with sound judgment, he has been influential in formulating the policies of the Medical School and the University. Of both, he is an ornament and a source of strength."

Other tributes by Francis Scott Symth, Dean of the University of California Medical School, and Dr. Foster Kennedy, New York, are equally gracious and commendatory. The scope of the dedicatory issue, covering 431 pages, may be appreciated by scanning the list of contributors and their topics of discussion. Members of the medical profession in California take pleasure, therefore, in joining with colleagues who are associated with the University of California Medical School, in extending felicitations to Doctor Howard C. Naffziger.

The list of contributors to the dedication number of *The Journal of Nervous and Mental Disease*, an educational journal of neuro-psychiatry, by-the-way founded in 1874, follows:

Salutation. *By N. T. Kirk, Major General, U. S. Army*
Salutation. *By Robert G. Sproul, President, University of California*
Salutation. *By F. S. Smyth, M.D., Dean, University of California Medical School*
Dr. Howard Naffziger. *By Foster Kennedy, M.D.*
Early Days of Neurosurgery in America. *By Bernard Sachs, M.D.*
Reconstructive Orthopædic Surgery for Disabilities Resulting from Irreparable Injuries to the Radial Nerve. *By LeRoy C. Abbott, M.D.*
The Neurologic Complications of Hemophilia. *By P. M. Aggeler, M.D., and S. P. Lucia, M.D.*
The Effect of Desoxycorticosterone in Epilepsy. *By Robert B. Aird, M.D.*
Cushing's Disease. *By Evelyn Anderson, M.D., Ph.D., and Webb Haymaker, Captain, M.C.*
The Effects of Iodized Poppyseed Oil and Iodine-Chlorine in Peanut Oil in the Subarachnoid Space of Animals. *By Edwin Boldrey, M.D., and Robert B. Aird, M.D.*
Progressive Lenticular Degeneration. *By Olga Bridgman, M.D., and Francis S. Smyth, M.D.*
Referred Head Pain and Its Concomitants. *By Douglas G. Campbell, M.D., M.R.C.P. (Lond.), and Clare M. Parsons, M.S.*
Cystic Hydrops of the Pineal Gland. *By Jesse L. Carr, M.D.*
The Epileptic Driver. *By W. E. Carter, M.D.*
Papilledema (Choked Disk) and Papillitis (Optic Neuritis); Their Differential Diagnosis. *By Frederick C. Cordes, M.D., and Samuel D. Aiken, M.D.*
Anorexia Nervosa or Simmonds' Disease? *By Roberto F. Escamilla, Major, Medical Corps, U. S. Army*
Some Neurophysiological Aspects of the Menstrual Cycle and Its Disturbances. *By Paul G. Fuerstner, M.D.*
Psychiatry and Public Health. *By J. C. Geiger, M.D.*
Sighing and Other Forms of Hyperventilation Simulating Organic Disease. *By Paul A. Glicbe, M.D., and Alfred Auerbach, M.D.*
A Perineurial Fibroblastoma Arising in the Cervical Sympathetic Chain. *By Donald Hall, M.D., and H. Glenn Bell, M.D.*
Wartime Ocular Neuroses. *By David O. Harrington, Lieutenant Commander (MC) U.S.N.R.*
Neuropathological Studies in Vitamin E Deficient Rats: A Preliminary Report. *By Richard W. Harvey, M.D., and James H. Perryman, A.B.*
The Immediate Care of the Unconscious Patient. *By Hubert R. Hathaway, M.D.*
Euthanasia. *By Frank Hinman, M.D.*
Hemangioblastoma of the Medulla—Lindau's Disease. *By Mervyn H. Hirschfield, M.D.*
Referred Pain From Skeletal Structures. *By Verne T. Inman, M.D., Ph.D., and John B. deC. M. Saunders, M.B., Ch.B., F.R.C.S.*
The Treatment of Post-Traumatic Head Pain. *By O. W. Jones, Jr., M.D., and Howard A. Brown, M.D.*
The Psychological Structure of the Obsessive Neuroses. *By J. S. Kasanin, M.D.*
Explorations by an Internist in the Field of Neuropsychiatry. *By Wm. J. Kerr, M.D.*
Aviation Medical Problems, with Special Reference to Altitude Pain. *By J. H. Lawrence, M.D.*
Leo Newmark. *By Milton B. Lennon, A.M., M.D.*
Subarachnoid Hemorrhage Due to Intracranial Rheumatic Aneurysm. *By Stuart Lindsay, M.D.*
Hypophysectomy in Cushing's Disease. *By H. Lisser, M.D.*
The Central Nervous System and Hematopoiesis. *By S. P. Lucia, M.D., and H. F. Marasse, M.D.*
Repair of Peripheral Injuries of the Facial Nerve. *By R. C. Martin, M.D.*
Central Nervous System Complications Arising From Diseases of the Blood Forming Tissues. *By Stacy R. Mettier, M.D.*
Critical Analysis of the Blood Brain Barrier. *By K. F. Meyer, Ph.D., M.D.*
Porencephaly. *By Earl R. Miller, M.D.*
Optic Neuritis and the Ethmoid Sinuses. *By Lewis Francis Morrison, A.B., M.A., M.D.*
The Rôle of the Autonomic Nervous System in Accommodation for Far and Near Vision. *By J. M. D. Olmsted.*
Some Observations on Induction Center and Training Station Psychiatry. *By Lt. Comdr. P. P. Poliak, MC-V (S) U.S.N.R.*
The Beginnings of Modern Thinking About Neurology. *By Langley Porter, B.S., M.D., M.R.C.S.*
Salt Metabolism in Poliomyelitis. *By James F. Rinehart, M.D.*
Clinical Allergy in the Nervous System. *By Albert H. Rowe, M.D.*
Glucose, Insulin, and Adrenalin Tolerance Tests in Head Injuries. *By Jurgen Ruesch, M.D., and Karl M. Bowman, M.D.*
Some Neurological Aspects of the Rôle Played by the Inorganic Elements. *By Carl L. A. Schmidt, M.S., Ph.D.*
Acromegaly and Diabetes Mellitus. *By H. C. Shepardson, M.D.*
Exophthalmos Secondary to Edema and Degenerative Changes in Orbital Tissues. *By Mayo H. Soley, M.D.*
Brachialgia Statica Paresthetica. *By Robert Wartenberg, M.D.*

EDITORIAL COMMENT†

SULFONAMIDE ALLERGY

The frequent occurrence of toxic reactions in patients treated with sulfonamides suggest the possibility that sulfonamides may function as specific antigens in the human body. Earlier attempts to establish the allergic nature of such toxicities, however, led to inconclusive results. While, in a few instances,[1] hypersensitive patients have shown positive skin reactions to homologous sulfonamides, the majority of the earlier reported patch, scratch and intradermal tests were negative. Furthermore, patients who had shown various toxic manifestations did not yield demonstrable precipitins, and passive transfer of their serums did not lead to skin sensitivity in normal persons. When sulfonamides were diazotized and tested in the form of azoprotein conjugates, similar negative results were recorded.[2]

Since none of these negative tests have definitely ruled out the possibility that the toxic symptoms are allergic, a study of the antigenicity of sulfonamides for laboratory animals was attempted by Wedum[3] of the University of Cincinnati. Sulfonamide azoproteins were prepared by the Landsteiner technique,[4] using human

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

serum, beef serum, rabbit serum and egg albumin as protein carriers. Rabbits were given ten to fourteen intravenous injections of one of these conjugates during a period of sixteen to twenty-three days and bled seven to fourteen days after the last injection. Control rabbits were injected with corresponding doses of uncombined sulfonamide. Tests of the resulting serums showed the presence of relatively specific precipitins for homologous sulfonamide conjugates, irrespective of the nature of the protein carrier. Antiserums from rabbits injected with sulfapyridine azo beef serum conjugate, for example, gave three plus precipitin reactions with sulfapyridine human serum conjugates, but only minor or negative reactions with heterologous sulfonamide conjugates. Tests with uncombined sulfonamides gave uniformly negative results.

Guinea pigs were sensitized with two to three combined subcutaneous and intraperitoneal doses of the sulfonamide conjugates given at three to four day intervals. From twenty-one to forty-two days later the guinea pigs were tested with an intravenous shocking dose of homologous and heterologous sulfonamide conjugates. Lethal anaphylaxis was recorded with homologous sulfanilamide conjugates irrespective of the nature of the protein carrier. Nonlethal cross reactions were noted with heterologous sulfonamide conjugates. Anaphylactic reactions were not obtained with uncombined sulfonamide drugs. Similar cross reactions were noted in a study of acquired skin sensitivity.

This work has been recently confirmed and studied in greater detail by Gerber and Gross[5] of the Mount Sinai Hospital, New York City. Landsteiner conjugates were prepared with the principle sulfonamides, using horse serum albumen, human albumen, ovalbumen, and gelatin as haptene carriers. Guinea pigs were sensitized with a single intraabdominal injection of a conjugate and tested by intravenous injection thirty days later. Massive intravenous injection of uncombined or free sulfonamides produced no demonstrable shock in these animals. Gelatin conjugates also gave negative results since they both failed to sensitize or to elicit anaphylaxis. Typical lethal shock was noted on intravenous injection of test doses of homologous sulfonamide-protein conjugates. There were strong cross reactions with uncombined homologous native protein, and with the same sulfonamide on heterologous protein carriers. Heterologous sulfonamide conjugates gave relatively weak or negative reactions.

A small area of the skin of sensitized rabbits was injected with 0.25 c.c. of a filtrate of meningococcus, previously proved to be capable of producing the Shwartzman phenomenon. Twenty-four hours later a test dose of sulfonamide conjugate was injected intravenously. A positive Shwartzman reaction was evidenced by a hemorrhagic cutaneous response in the prepared site, usually reaching its maximum in about four hours. Strong Shwartzman reactions were produced in all animals injected with homologous sulfa conjugates. Weaker or delayed reactions were recorded on intravenous injection of homologous native protein or of homologous sulfa drug on different protein carriers. Free or uncombined sulfa drug elicited no skin reaction. Gelatin conjugates also failed to sensitize or to give positive skin reactions. No skin reaction was elicited in similarly prepared skin areas of nonsensitized rabbits.

Cutaneous reactions and fever frequently occur in sulfonamide-treated patients who have previously received the same sulfonamide.[6] According to available experimental evidence this acquired sensitivity is presumably relatively specific. If so, subsequent use of a heterologous sulfonamide would not be contraindicated. Confirming this logic Erskine[7] found that sulfapyridine did not promote dermatitis in patients sensitive to sulfanilamide and that sulfanilamide had no allergic effects in sulfapyridine-sensitive patients. Lyons[8] found that patients who had experienced a febrile reaction to a second course of sulfathiazole did not react to sulfanilamide or to sulfapyridine.

Where and with what protein carrier uncombined sulfa drugs are conjugated in the human body so as to become fully antigenic has not yet been determined by the New York investigators.

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REFERENCES

1. Goodman, M. H., and Levy, S. C.: J.A.M.A., 109:1009, 1937.
Salvin, M.: J.A.M.A., 109:1038, 1937.
Myers, G. B.; Vonder Heide, E. C., and Balcerski, M.: J.A.M.A., 109:1983, 1937.
Loveman, A. B., and Simon, F. A.: Arch. Dermat. and Syph., 40:29, 1939.
2. Schlesinger, E. R., and Mitchell, W. L.: Am. J. Dis. Child., 56:1256, 1938.
3. Wedum, A. G.: J. Bact. 41:64, 1941. J. Infect. Dis., 70:171, 1942.
4. Landsteiner, , and van der Scheer, : J. Exper. Med., 45:1045, 1927.
5. Gerber, I. E., and Gross, M.: J. Immunol., 48:103 (Feb.), 1944.
6. Keefer, C. S.: New Eng. J. Med., 226:266, 1942.
7. Erskine, D.: Brit. Med. J., 2:104, 1939.
8. Lyons, R. H., and Balberor, H.: J.A.M.A., 118:955, 1942.

Student Nurse Recruitment Program

State recognition has been given to the importance of the student nurse recruitment program in California through the appointment by Governor Earl Warren of a Citizens' Committee for Student Nurse Recruitment, with Ray Lyman Wilbur, M. D., Chancellor Emeritus of Stanford University, as Chairman. As a second step, representation was made by the Citizens' Committee, through its Executive Board, to the State War Council which voted funds to sponsor the program as a War Service.

Headquarters through which all information now passes, and applications and student referrals are received, is at 411 Phelan Bldg., San Francisco 2. A similar office for student referrals for southern California is at 404 Washington Building, 311 South Spring Street, Los Angeles 12. All applicants should be referred to the nearest office. Field nurse educators are visiting schools in both North and South. . . .

ORIGINAL ARTICLES

Scientific and General

MEDICAL CARE OF MIGRATORY AGRICULTURAL WORKERS*

A STORY OF ACCOMPLISHMENT.—PRESIDENTIAL ADDRESS

KARL L. SCHAUPP, M. D.
San Francisco

THERE is a story of accomplishment by the California Medical Association that must be told at this time. It must be told because it can clarify so many of the problems which face us at the present, and can help to dispel the fog of doubt and suspicion that arises before the minds of many physicians when coöperation with government agencies is mentioned. And it must be told because it proves that sincerity of purpose, open-mindedness, and mutual trust can overcome seemingly insurmountable obstacles.

Since the days of "Forty-nine" California has been the rainbow at whose end there have always been seekers for the "pot of gold." While from afar it held promise of great riches, it usually gave instead a good living as a reward for reasonable effort expended. As in the pioneer days, so in nineteen thirty-seven and thirty-eight, it beckoned to the farmers of some of the middle Western and Southern States. Many had lost their farms because of drought, dust storms, and impoverishment of soil. Their land was dead! To them came tales of a land of plenty where work was abundant and where they could begin again, and, living near the soil they loved, build to security.

These people came singly, in small groups, and in caravans. They came unprepared to meet the physical, financial and medical problems that would face them. During the year of the greatest migration, over two hundred thousand persons arrived in the agricultural valleys of our State.

It was inevitable that the farming industry would be unable to absorb this horde of homeless wanderers. They were without funds, had very little food, and had poor clothing. They lived in unsanitary and poorly constructed camps which bred disease. When sickness struck, and only in grave emergencies, their only help came from county hospitals and from local physicians who had not the heart to turn them away.

These needy people were citizens of other States, they were not the legal responsibility of the State of California, nor of the county in which they found themselves; so they naturally and properly became the charges of the United States Government. In order to meet this responsibility, the Congress made funds available through the Farm Security Administration which immediately directed its efforts toward the relief of the distressed.

HOW MEDICAL CARE WAS SECURED

It was very simple to provide camps, food and clothing, because these depended upon materials that could be purchased in the open market; but the provision of medical care presented an entirely different problem. Those in authority turned to the United States Public Health Service for help, and help came in the person of a doctor who was loaned to the Farm Security Administration and became its medical adviser. The doctor had three possible means of meeting the problem; first (and if we could agree with those who believe that the Public Health Service wants to control the practice of medicine) the logical one, was to supply medical care through the use of the personnel of the service itself; second, contract or other salaried surgeons could be employed to serve in camps and to follow the migration in mobile units; and third, to use facilities already existing in each community. The doctor, being charged with a big medical and social responsibility, naturally turned to the medical profession for help and presented the problem to the Council of our Association.

The committee, which was appointed to study the problem as an advisory group, recommended the plan which was accepted and has been in use ever since. It was not planned by agents of the government and then presented to the doctors as the procedure that must be followed; it was planned by doctors of the California Medical Association and laymen representing the government. Before it was accepted, a meeting was called in San Francisco at the expense of the California Medical Association. Representatives of the medical societies from all the counties in which the service was expected to operate were invited to attend and plans were placed before them for their criticism and suggestions. After a day long discussion, agreement was reached and tentative approval was given. The completed program was then presented to the Council of the California Medical Association, and following approval by that body, organization of the Agricultural Workers' Health and Medical Association was begun. After work began in California the Association was asked to help meet the Arizona problem. Here again the entire plan was presented to the Arizona Medical Association, and after approval operations were extended to meet the problem in that State.

AGRICULTURAL WORKERS' HEALTH AND MEDICAL ASSOCIATION

The organization is a corporation set up under California law for the purpose of rendering medical care to bona fide migratory farm workers to whom medical care is not otherwise available. Funds are obtained from the Federal government through annual budgets approved by the Congress; and their expenditure is under the com-

* Address of Retiring President. Read before the First General Meeting at the seventy-third annual session of the California Medical Association, Los Angeles, May 7-8, 1944.

plete control of the board of directors, but must naturally be accounted for.

The board of directors of the Agricultural Workers' Health and Medical Association originally consisted of five members of the staff of the Farm Security Administration and four professional members. Of the professional members, three were physicians, representing the California Medical Association, the California State Board of Health, and the California Relief Administration respectively. The fourth professional member was a dentist representing the Dental Associations. Later the board was reorganized so that there are now four professional members, one of whom was chosen by the Arizona Medical Association to replace the one formerly representing the Relief Administration; and there are three from government agencies, one left over from the Farm Security Administration and two from the War Food Administration.

FREE CHOICE OF PHYSICIANS AND HOSPITALS

The constitution of the Agricultural Workers' Health and Medical Association provides that there shall be a free choice of physicians and hospitals. All Doctors of Medicine who hold an unrevoked license to practice in California or Arizona, and who are eligible to membership in their respective State Medical Associations, may participate. Beneficiary members must be nonresidents of California who are actually engaged in farm work and who are financially unable to pay for medical care. This is determined by investigation of all cases except in that of the Mexican nationals who have been transported by our Federal government under an agreement between the state departments of both nations.

PLAN OF OPERATION

In the earlier phases of the operation of the service, each patient who was eligible for care applied directly to the physician, but it was soon found that abuses would quickly ruin the plan. There were some abuses by doctors, but the great number originating with patients made it necessary to have authorization for all but first visits and true emergency operations. A few medical social workers were tried at first, but they were soon so diligent in behalf of their "clients" that this plan was abandoned. The final result was the adoption of the plan used at the present time.

The medical problems are under the supervision of a medical director who is assisted by part time medical directors or advisers in both California and Arizona. They review bills and give authorization for operations other than emergencies, and in many cases call consultants from among local physicians. Where disciplinary action toward a doctor seems necessary, action is only taken after consultation with and upon the advice of a committee of the local county medical society.

The services of physicians are paid for upon the basis of "fee for service." A fee schedule was adopted at the organization meeting with the representatives of the county societies after lengthy discussion and debate. This schedule is naturally lower than the normal rate because it is distinctly understood that this group belongs in the indigent class for the care of which the doctor had never received compensation before, and which had always been a burden on the counties.

Hospitalization is furnished in approved hospitals. County hospitals are never used unless there is none other available or in cases of emergency when it would jeopardize the patient to move to another. Payment is made on the basis of ward rates, and charges for laboratory work are allowed.

CLINIC ACTIVITIES

Suggestions for improvement of the service have come from time to time, and one of the most important has been the establishment of clinics. In the original planning such a procedure was discussed but dismissed as being a factor against the principle of free choice of physician. As the volume of work increased, the physicians soon found that most of the patients had minor complaints which did not need the special work-up that a really sick patient required and could well be taken care of in a few moments at a clinic. The first suggestion for this change came from the doctors in Phoenix who made a request that they be permitted to set up such a service. The men who cared to participate were rotated according to days and hours. Minor conditions were taken care of quickly, but the patients who evidently had a more serious problem were referred to the physician of their choice. This worked so well that demands for extension came from other areas and the principle became generally accepted.

DISCUSSION

The Agricultural Workers' Health and Medical Association has been in operation now for over six years and has been eminently successful. It has accomplished the purpose of giving relief to a group that was sorely in need of medical care. As a matter of fact, it gave a type of care that was entirely new to this group and was far better than anything they had ever known. In addition to this it also protected the health of the citizens of the localities served because to a large degree it controlled the spread of epidemics which before had followed the migrating worker. In the year before operations began in Arizona, one epidemic of typhoid fever moved from Eloy through Casa Grande to Yuma in Arizona, and from there up through the Imperial Valley to Indio before it was stopped.

The benefit to the doctor was twofold. It provided for his patients hospitalization and necessary laboratory work which had formerly been unavailable, and thereby allowed him to practice a better type of medicine, and, for the first time, he received compensation for his services. The average yearly collections of all the doctors who

participate is small, but in certain areas where thousands of migrants were the majority of the population, the income in several cases reached over ten thousand dollars annually. This became a problem for a time because it seemed unreasonable to some people in Washington that a doctor should receive as much for his work as does a congressman. The Board of Directors, however, ruled that the payment was fair, because it represented services rendered under a low fee schedule, and that a large group of workers had been served.

When the war came, and the medical profession was called upon to furnish men for military service to the extent that the supply in rural areas was seriously depleted, a sound plan which could take care of large numbers of people was in operation. It became more important than ever, with the diversion of men and women to the work in defense plants, that those who remained in agriculture should be kept there and kept in good health.

When the shortage of farm workers became so acute that food production was endangered, the United States Department of State made an arrangement whereby the Government of Mexico permitted thousands of its nationals to come and work in the harvests. One of the stipulations was that all such workers would receive the same type of medical care that the same class of worker received in the United States, and this responsibility was turned over to the Agricultural Workers' Health and Medical Association.

ON COÖPERATION WITH THE GOVERNMENT

So far this story has been one of health services conducted by use of government funds through private practitioners of medicine under the sponsorship of the medical associations. Now, however, we come to a phase of the work of the California Medical Association which has had a far-reaching effect, and which shows how much can be done when we have shown an unselfish spirit of coöperation, even if we have insisted that our fundamental principles of good medical practice must be maintained.

On the night of President Molony's dinner at the annual convention last year, word was brought to one of the officers of the California Medical Association that the director of the Farm Security Administration was in the hotel and asked for a conference. At that meeting he told that the Farm Security Administration was very unpopular with Congress, and that many of its activities would be discontinued, among these was the proposal to discontinue granting funds for medical care. When asked if the Medical Association could be of help, he said that he did not know if it would do any good; but it would do no harm if the Council made an effort to save this service.

At the breakfast session of the Council the following morning, the matter was discussed and the proper resolutions were passed. All of the California Congressmen and both of our Senators were then approached in a diplomatic manner and asked to save the health services for the farm worker. The subject was approached entirely from a community standpoint in defense of the lowest income group. Our members of the Congress responded without question; and when the curtailing of the functions of the Farm Security Administration were completed, the funds for Agricultural Workers' Health and Medical Association were continued. Instead of coming through the budget of the former agency, they now come through the War Food Administration.

In its desire to economize, the Congress cut the funds, which would be available, so low that it practically meant abandonment of the service unless it could be restored. And without sufficient knowledge of the problem in California, eligibility rules were set up which would have made it impossible for any worker, except those who had been transported by a federal agency or had been employed through one, to receive medical care. It meant, in fact, that those workers who had initiative to secure employment through their own efforts would be denied medical care.

SUPPORT GIVEN BY CALIFORNIA CONGRESSMEN

When word of this came to the Council, it took action again and instructed the association secretary to follow through and bring the facts before our representatives in Congress. This was done at once. Again it was an unselfish move to protect the health of workers and to keep up food production for the war effort. The secretary was notified of certain undesirable features in a bill which had been introduced in the House, and again made contact with our representatives.

The senior senator of California came to our aid and introduced a satisfactory bill in the Senate. Some days before the vote was to be taken, we received a request from representatives of several farm groups for a conference. Representatives of the Medical Association had had several conferences with these same groups in the past when compulsory health insurance was before the legislature, and in these conferences it seemed that our objectives were too far apart for any hope of coöperation. As a matter of fact, there was little friendship lost between them.

COÖPERATION WITH FARM GROUPS

Representatives of our Association met with these group representatives and with the President of the California State Chamber of Commerce. Word had come from Washington to the effect that the California Medical Association was fighting measures in the farm program that the farm groups wanted, and they wanted to know why. When the reasons were given by both sides, and when the whole story was told, it became evident that there had been misunderstanding and that some of the information received had been incorrect. The conference ended in a complete understanding and with mutual respect and friendship. Now we were agreed, and together our arguments were convincing enough so

that the Senate bill was accepted, the funds were restored and proper rules for eligibility were allowed. The plan continued to serve the worker, and the Medical Association has made friends.

IN CONCLUSION

For years we have been warned, and rightfully so, that the government will attempt to step in to control the distribution of medical care. The practice of the past will soon be with the memories of the horse and buggy doctor. Just what it will be, will depend upon the medical profession and upon organized medicine, as much as upon any other factor. We do not like the Wagner Bill; we do not like any bill that has been or will be introduced, which denies the public and the doctor those fundamental principles which have been written into the Agricultural Workers' Health and Medical Association program; and we do not like compulsion.

With our friendly contacts with national legislators we have learned a number of valuable lessons. We have learned above all else that to oppose progress is fatal; we have learned that if we come with an open mind we can find respect and consideration. When all agencies work together sincerely and honestly to accomplish an unselfish purpose, there is real hope for progress. In this regard, the California Medical Association has made real progress during the past years. The work has just begun; we cannot stand apart; we must be an active factor in the forces that will shape our destiny.

490 Post Street.

PUBLIC OPINION CONCERNING MEDICAL PRACTICE*

AN INTERPRETATIVE REPORT ON A CALIFORNIA SURVEY

JOHN R. LITTLE
Los Angeles

THIS interpretative report contains the considered opinion of a 24-man board of public opinion specialists.

We could spend the next several days discussing the implications inherent in the public opinion survey which you have just received. It exhaustively covers many subjects vital to the profession.

But it would be a waste of time to do this, since by reading and studying, you yourselves can determine wherein many of your practices have been weak, perhaps ill advised. You can evolve your own solutions. You can use the facts as developed by the Survey as an incontrovertable guide to future policy and future action.

This Survey is accurate to within a very small degree of error, plus or minus. By taking 7,000,000 as the population of this state, you can very quickly figure the opinion of citizens by applying against that total the percentage in question. By using the tables in the Survey, you can determine opinion:

Within your own districts.
By sex.
By age.
By occupation.
By city size.
By income classes.
By those over and under 3,000 dollars.
By length of residence—in some instances.

In running down important opinion, you will discover valuable tables of cross tabulations on many subjects. For example, there are seventeen tables covering the subject: Why citizens think we should have federal or socialized medicine. There are cross tabulations in addition which show how these people react to the several medical plans available which are of inestimable value in plotting your future course.

Instead of skipping lightly over many subjects, we have chosen today to confine ourselves to the one major issue: Federal Medicine.

We want to direct your full attention to it.

We want to show you what you *must* do to meet this threat. We do not delude ourselves that you will like our recommendations. We give them as you would give a prescription to a patient, i.e., with the hope that it will be accepted as a considered judgment of an expert; with a prayer that instructions will be followed; and with the knowledge that if they are, relief may be expected logically to follow.

* * *

One of the heart-warming elements of the Survey is the high opinion in which most citizens hold the profession of medicine. It is because of this high opinion that we can say without fear of contradiction that the profession, as such, has no desperate public relations problem.

This high opinion occurs again and again throughout the Survey. Here are just two examples: 80% of the citizens would advise young men to study for medicine. This is an amazing index of approval. It means that 5,600,000 of the 7,000,000 citizens in the state approve the profession as a career for promising young men. Again, 88% think the majority of doctors are doing a good job for the public. This is another index —the approval of 6,160,000 citizens among the 7,000,000 in the state.

* * *

But, despite this high opinion for the profession, only 34% of our citizens are against federal medicine. In other words, only 34% would retain the system by which they now obtain the services of this profession which they so greatly admire. When handed a card on which the four different systems were briefly explained:

* The article here printed is an interpretative report made to the C.M.A. Council on January 23, 1944, by Mr. John R. Little. The survey, authorized by the Council of the California Medical Association, was made in November, 1943, by the firm of Foote, Cone and Belding, successors to the Lord and Thomas agency. The survey received mention in the minutes of the following Council meetings: 313th meeting (C. and W. M., November, 1943, Item 5 on page 273; C. and W. M., March, 1944, Item 5 on page 102; C. and W. M., April, 1944, Item 10 on page 214). The mimeographed report contained 232 pages, with detailed information and tabulations.

1. The present system of private medicine;
2. The voluntary prepayment plan;
3. The medical center plan;
4. Federal medicine;

only 35% chose the present system of private practice. This is ample corroboration of the first statistic. It means that less than 2,500,000 of our 7,000,000 citizens would retain private practice.

* * *

What does this mean in terms of politics? It means simply that 50% of the citizens are definitely in favor of federal medicine; that 34% are against it; and that 16% haven't as yet made up their minds. If it were to come up on the ballot today, you could have only 34% of the votes. You would have to swing to your side *all* of the 16% who haven't yet made up their minds —clearly an impossible task, since generally the "don't know" votes swing to the positive side of the issue (in this case federal medicine) rather than to the negative side. Even if you could swing all the 16% of the don't-know votes, you still wouldn't have a majority. You would still have to convert some of those now in favor of federal medicine. To us it seems abundantly clear that you would lose the issue—perhaps by a landslide.

* * *

This conclusion becomes even clearer when you analyze the disposition of the votes.

1. Approximately 50% of the votes in each of your Association districts are for federal medicine, against private practice.
2. All income classes show phenomenal percentages for federal medicine.
 —36% of the top income group (A)—100,800 citizens out of the 280,000 group total.
 —42% of the B group—264,600 citizens out of the 630,000 group total.
 —51% of the C group—1,142,000 citizens out of the 2,240,000 group total.
 —52% of the D group—1,456,000 citizens out of the 2,800,000 group total.
 —56% of the lowest income group (E)—588,000 citizens of the 1,050,000 group total.
3. All occupations, from professional to unskilled labor, show percentages ranging from 44% to 56% in favor of federal medicine.
4. Nor are there important differences according to city-size, though rural is slightly more for federal medicine than urban.
5. And men are only slightly stronger for federal medicine than women: men 54%; women 46%.

There is much more information on this subject in the Survey tables. But this should be enough to show you that the opinion is *not* spotty. If it were, the solution would be easier. But the opinion is *general.*

Since California is at the top among states in standards of living, you can apply these percentages to the nation as a whole *and be conservative!*

Any organization skilled in the development of public opinion would get scant comfort from an issue with such percentages against it. When the issue is national and the scope of that organization's activities is to be less than regional, it would certainly insist on looking further for causative factors which might indicate a solution.

Let's do just that. Let's carry this a little further and ask ourselves: Why? Why is there such a desire for federal medicine when there is such high approval of M. D.'s? The Survey gives and proves the answer. It is an answer you already know: people believe that the cost of scientific medicine is much too high. And people do not generally believe it has to be so.

Here are a few facts impinging on this point as developed by the Survey:

1. Among the 88% of the people interviewed who think the majority of doctors are doing a good job, 10% added the purely voluntary comment that *some* are taking advantage of the people, are charging too much.

2. Among those who think the M. D.'s are not doing a good job, 38% said it was because they overcharge.

3. Among the 36% who think doctors are dishonest, 31% think that they are dishonest as to cost. An additional 17% think they prescribe too many unnecessary treatments and expenses. This is merely another way of balking at costs.

4. Overcharging was chief among their pet peeves. (The pet peeves are surprisingly small, but 10% listed overcharging which is certainly an index.)

5. Among all those throughout the state who want federal medicine, *cost* is basically the reason for their choice. 38% say they want federal medicine because it would provide for the poor. This is merely another way of saying that medicine is too dear for the poor and, therefore, is not available to them. An additional 13% say it would be beneficial to the people. This is just another way of saying: cost. An additional 10% state simply that it would lower cost. And another 12% think it would raise the standards of public health. What they mean is simply that scentific medicine would be available to all, and public health standards would rise. Whereas now, scientific medicine is not available to all because of cost factors and the standard of public health is therefore lower than it otherwise would be. So far this totals 72%. If you will examine the rest of the reasons listed, we think you will get the distinct impression that cost is practically the whole reason.

* * *

All this is just a fraction of the evidence that federal medicine is being nurtured by the seemingly high cost of private medicine today. Furthermore, it is not only the cost of the doctor which irks people, but hospital charges, nurses' fees, prescriptions and other costs irk them too.

Among the upper income groups, federal medicine is desired because of the poor. Among the poor, it is desired because they themselves want proper care.

You may be able to refute each of these opinions held by the public, but it will do you no good.

1. Because they cannot hear your argument.
2. If they could, they would merely point to those spots where scientific medicine is not available to certain segments of the population, and further argument would be ruled out.
3. You would be strictly on the defensive. To win a defensive argument in public debate is a very difficult matter—as Dr. Fishbein is currently discovering.

So far in our thinking, it hasn't seemed wise to go to the public with a defensive story. As we study and learn more we may, perhaps, change our minds.

* * *

At this point, you should be asking yourself the question: "Why is medicine singled out? Hasn't the doctor as much right to the advantages of free enterprise as anyone else?"

The answer to that is very simple. The public doesn't think so. The public is applying to the profession a principle as old as this nation:

When something is desperately needed by all of the people, but only part of the people can obtain it because of cost—then it must be socialized so that all may have it.

Many people quite evidently think that medicine should be a public utility under government control and operation like the postal system.

Once you recognize this principle, the solution is immediately apparent:

* * *

To save free enterprise in medicine, it is necessary to provide scientific medicine *through* free enterprise in a manner which will make it readily and economically available to all of the people all of the time.

Consult your copy of the public opinion *Survey* and you will see proof of this. You will see that the citizen selects federal medicine *only* because he thinks he can get scientific medicine *no other way.*

More important, you will see that he has a tremendous desire for the advantages which he thinks are only available through private practice which is too dear. Ask him what he *wants*—as against what he thinks he can *get*—and you find he wants:

—security.
—his bills taken care of in advance.
—to be prepared in case of emergency.
—the assurance that all of his fellows are also being taken care of.
—the right to choose his own doctor.

He wants all this *provided* (and this is the catch) *he can get them at a low enough cost.*

* * *

FIRST RECOMMENDATION

This brings us to our first recommendation:

1. We recommend that the California Medical Association recognize the fact that federal medicine has swollen into a tide which is sweeping the public before it; that the Association make no attempt to defensively obstruct this tide; but rather that it admit the factors which produced federal medicine and prepare itself to ride with it; and that it do this by using a prepayment medical plan set up by the medical profession and developed along the best lines so that it can function as a substitute for federal medicine; and that in this manner, it wean away from federal medicine the majority of the electorate.

To check the wisdom of this recommendation, you will want this question answered: Is it true that such a plan is the answer; that it can be readily substituted for federal medicine? It would appear to us that this question can be answered with a definite: yes. Here is what the Survey gives to prove it: We know that 50% of the people are for federal medicine. But when these people were handed a card upon which the four medical systems were briefly explained, a strange thing happened. While 42% of that 50% still wanted federal medicine, *36% switched their allegiance saying that they would rather have the prepayment plan if they could get it.*

The difference in numbers rather than percentages would look like this: there are 3,500,000 citizens for federal medicine. But 1,260,000 of these would rather have the prepayment plan. Adding these to the 2,380,000 you already have (the 34% who prefer the present system of private practice) you get a total of 3,640,000 which is a majority in the state.

The reasons they give for switching prove the salability of the prepayment plan.

—70% switched because they could choose their own doctor.
—18% switched because medical care would be assured; because bills would be taken care of in advance; and because they would be prepared in case of emergency.
—6% switched because they felt prepayment gave them "more individual freedom, was less demoralizing."

But there is still another factor which proves the salability of such a plan. Among those already subscribing to a monthly fee medical service, 22% would rather have the prepayment plan rather than those services they are now buying.

* * *

But you already have a prepayment plan—the California Physicians' Service. Frankly, one of the questions puzzling us is: why hasn't C. P. S. gone further than it has? It is a very salable product. It has been in existence for a number of years. By your admission, it has given more in service than the dollars it has received. And yet only a miserable percentage of the people has ever heard of it.

The whole concept of C. P. S. is masterful. But your failure to promote it with an expertly designed and constructed plan, is nothing less than tragic. It is tragic because by this time C. P. S. should be flourishing. By this time, it should have become the focus of national medical attention. It could have long since served as the model for other state medical associations. And

had it done so, the issue of federal medicine might well not be confronting us at this time.

* * *

Now there is the Murray-Wagner-Dingle Bill to prove it is no nightmare we deal with, but a condition as real as birth, or death. The President of the Nation is said to be backing this bill. The President only moves on independently initiated bills when the polls prove he should. As of last fall the polls showed that 59% of the people nationally were for federal medicine, and that only 29% were against it. Then there is this Survey just completed for you on the opinion in this State which is being interpreted by unbiased and neutral experts. It too demonstrates that our adversary is no bogey on an imaginary horizon. All of these indices to the desire of people for universally applied scientific medicine point up the desperate need for quick action, and quick action is needed only because C. P. S. has not grown to the stature which it should. We suspect that the reason for this under-nourishment is because the profession itself has not rallied behind it.

If C. P. S. is to be made the answer, the profession *must* gather it to its bosom—and this leads to our second recommendation.

* * *

SECOND RECOMMENDATION

2. We recommend that the California Medical Association refine California Physicians' Service so that it will be more acceptable to the general membership: that this be done without increasing the rate to the subscriber which should be reduced, if anything: and upon points which cannot be compromised, the membership be persuaded through proper methods to accept the sacrifices necessary.

What are the qualities of California Physicians' Service which alienate certain segments of the membership? Are the forms so complicated that the already overworked staffs in doctors' offices are burdened with them? If so, simplify the forms.

Is there a failure upon the part of C. P. S. to properly police its subscribers so that physicians are asked to treat members whose earnings are above the $3,000 salary limit? Then police the system better, but be sure to request the aid of physicians themselves to help you police it—since no one is in a better position to detect these illegal subscribers than the practicing physicians themselves.

Are the fees collectible by physicians too small to cover their costs? Then raise those fees.

* * *

But, you say, C. P. S. will be bankrupt if the fees are raised and the rates remain stationary. We do not believe that this necessarily has to be so. It is certainly true that expanding C. P. S. to cover large masses of the people will very considerably add to costs because of the clean-up work which has to be done with all new groups. It is also true that increased fees to physicians will also increase costs. But we suggest that you consider tapping additional sources of income, and here are two sources which may be carefully considered:

a. There is nothing new in the principle of assessing an industry in order to protect its free enterprise. This has been going on for years. And there is no reason to believe that a physician is any less eager to protect himself than a business man—particularly if the reason for the assessment is carefully and fully explained to him.

b. There are many other well-financed groups who will suffer by the socialization of medical practice. These are pharmaceutical houses and all the purveyers to doctors, hospitals and the like.

* * *

THIRD RECOMMENDATION

And now—recommendation No. 3:

3. We recommend to the California Medical Association that a campaign of education on C. P. S. immediately be instituted for the membership of that Association; that this membership be educated to both the objectives and opportunities of C. P. S.; that it be induced to become sympathetic to the methods used and the reasons for their use; and above all, that it be educated to the principle that a subscriber to C. P. S. deserves all the consideration given to a private practice patient, and that any discrimination of a subscriber is simply an invitation to that subscriber to embrace federal medicine.

It seems hardly necessary to discuss this recommendation. We are very much of the conviction that if a virile educational program had been instituted years ago, C. P. S. would now be the prototype of many similar and thriving organizations. Whether it is C. P. S. or some other voluntary prepayment plan which you fashion, you will need a coördinated sales plan created by experts, to educate your membership. It is *not* an after-hours, voluntary job for busy doctors. In essence, it is an educational sales job for the dealers of the ultimate plan.

We have been told that some subscribers of C. P. S. felt themselves discriminated against in certain doctors' offices. This must be stopped. The only way to stop it is to prove to all the members the dangers inherent in the continuation of any such practice.

In the last analysis, if all Association members are sold on C. P. S.—if it is *their* baby, if they are proud of it and are eager to make it grow and thrive—then, and *only* then, can it be widely sold.

It is also axiomatic that all C. P. S. subscribers must be continually convinced they have made a good buy. Otherwise, they will ultimately withdraw their membership and C. P. S. will collapse from this structural weakness. Only the doctor can keep the subscriber sold on the Plan. *It is solely his responsibility.* He does not now seem to be acquainted with this fact. Hence, the need for an educational campaign among the membership.

FOURTH RECOMMENDATION

And finally, recommendation 4:

4. We recommend to the California Medical Association that all the power and resources of the Council and the membership be immediately devoted to fulfilling recommendations 2 and 3 in the shortest possible time; that it be their objective to expand the prepayment plan in accordance with the sense of this report so that it can indeed become a model for other State Medical Associations to follow: that every effort be made aggressively to induce other medical associations to start similar organizations now; and that upon the completion of recommendations 2 and 3, the firm of Foote, Cone & Belding again be called in for consultation.

When you have completed the detail of recommendations 2 and 3, it may be time for us to act. With a clean bill of health to present to the public, the use of mass selling and propaganda may be indicated. But, if it is not—as it does not now seem to be—we will properly advise you.

* * *

And now to conclude:

We have said the time is very short. You, yourselves, know this to be true. We know, too, that the recommendations we have made are easy to suggest, but difficult to quickly consummate.

We are also conscious of many other factors. We know that a large percentage of physicians of this state are in the armed services. In general, these are the younger men. They are the men who ordinarily would be chosen to carry out this fight. Most of you who remain are older men. You undoubtedly feel you have already done your share of battling. Today finds you not only carrying on your own work, but that of the men who have gone besides. With fewer practicing physicians, there is an even greater population to care for.

* * *

Perhaps you cannot help thinking that this is a mighty bad time for a fight. And you are right—it is.

But if the fight isn't made, the battle is lost. So far as we can see, there is no other hope on the horizon. There is at this time no national leadership seemingly competent to win through. And certainly there is no state leadership which has lit a lamp half as bright as yours.

Who then is to make the fight if not you? Who is to protect the interest of those younger men overseas? Are they to come back to a profession organized like the postal service?

There is a clear guide, I think, in the last paragraph of Hippocrates:

"While I continue to keep this oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men at all times, but should I trespass and violate this oath, may the reverse be my lot."

* * *

Certainly those men overseas, making their fight—fighting fatigue even more than you—deserve to return to the enjoyment of life, and the practice of their art respected by all men at all times.

Who will provide the leadership that will preserve for them those rights? Who, but *you?*

We have the temerity to believe that you will accept the challenge, and the opportunity of this day, since the ideal and the habit of devotion to public service is ingrained in all of you.

We hold out to you these signal opportunities:

1. To lead your profession away from what might very well be a dreadful pitfall.
2. To bring the benefits of scientific medicine to increasingly larger masses of the people.
3. To guarantee the maintenance of the present high standards of medical practice.
4. To earn the undying gratitude of these absent men who cannot now be here to protect their interests.
5. And to bring new respect and admiration to each and every member of the profession.

601 W. 5th St.

CALIFORNIA PROCUREMENT AND ASSIGNMENT SERVICE*

E. M. Pallette
Los Angeles

NO doubt many of you read the paragraph entitled "Doctors Dwindle" which recently appeared in the medical column of *Time* Magazine. In this article Dr. Frank H. Lahey, National Chairman of Procurement and Assignment Service, was quoted as saying that "the armed forces really do not need more doctors if they would properly distribute the doctors they have; that at the front there are too few doctors while in the Army and Navy Hospitals of the United States there are too many. These hospitals can hardly keep their personnel busy, while in civilian hospitals the beds are hot and there is barely time to change the sheets between one patient and the next."

A few days ago, I received a letter from Dr. Lahey in which he gives me a copy of his letter to the Editor of *Time,* in regard to this. I quote in part:

"I am very certain that I did not say that the Army and Navy Hospitals in the United States can hardly keep their personnel busy and I am sure they will resent this.

"What I did say and mean as a result of the long tour of inspection in the Mid-Pacific is that with better utilization and distribution, the Army and the Navy could make some of their present problems easier."

In his letter to me, Dr. Lahey states:

"I do not believe that the civilian supply can be cut down any more than it is. The thing that bothers us, and me particularly, more than anything else is a recent directive from Selective Service which does not defer premedical students beyond those who can enter medical schools on July first.

"I just came from Washington last night. We have been working on it, dealing with the Secretary of War, and I am hopeful that we will get Selective Service to

* Report presented by Edward M. Pallette, State Chairman for P. and A. Service in Southern California. Read before the first general meeting at the seventy-third annual session in Los Angeles, May 7, 1944.

defer these men. If they do not, I am afraid that they will leave in the neighborhood of two thousand places in medical schools unfilled which will result in a threatened collapse to many medical schools to say nothing of the deficit of doctors."

I am giving you these quotations because they emphasize the fact that, at the present time, and in the immediate future, at any rate, the chief efforts of Procurement and Assignment are directed toward assuring to the civilian population an adequate supply of physicians. The medical profession as a whole has responded beautifully to the needs of the armed forces. We are, however, making every effort to report as available all qualified doctors who are not in essential positions.

At the present time 3,592 physicians from California have been commissioned in the armed forces of the United States—2,100 of these are from Southern California. This is more than one-third of the total number of active physicians in Southern California before the war. There are 6,589 physicians registered, but allowance must be made for those retired and those doing only part-time work. This is about the same proportion in service as prevails throughout the nation. There are today 52,500 doctors in the United States Army and Navy,—11,000 in the Navy, and 41,500 in the Army—4 per thousand in Navy, 4¼ in the Army.

The Army is asking for 3,000 more doctors at once; the Navy for 3,000; U. S. Public Health Service for 300. The Army has recently asked our office for 150 additional doctors from Southern California in the very near future. We have a double duty—to report as available to the armed forces the number of men for whom they are asking and, at the same time, to report as essential those men needed in civilian practice. This is impossible. There are not enough doctors to go around.

We are reporting as essential, resident staffs for hospitals, full-time teachers in the two medical schools, doctors in war industries—shipyards, airplane factories and otherwise, and a few doctors in smaller communities and public health. All these men are reported as essential until replaced; and their positions should be filled by men not qualified for military service as soon as possible. We coöperate with these various groups in these replacements.

The following is a quotation from a speech made by Lieutenant Colonel Harold C. Lueth of the Surgeon General's Office at a meeting of the American College of Surgeons held in Chicago a couple of weeks ago:

"In reviewing the problems of medical manpower of the armed forces, the hospitals and the civilian population, one is both impressed and proud of the achievements of the profession in meeting these needs. We have been fortunate that we were permitted to solve our own problems by members of our own profession.

"We have attained nearly all the objectives we have sought. It is a matter of pride and gratification to be a member of the profession that has so willingly accepted these sacrifices of a nation at war."

1930 Wilshire Boulevard.

OPEN SESAME!*

ON POSTGRADUATE SCHOOLING

Mast Wolfson, M. D.
Monterey

THE first steps in the making of a doctor are college and medical school education, along with internships. These will not be discussed here. Their cases are quite debatable as to time spent and subjects studied.

It is more interesting to delve into the ways and means of continuously educating oneself. It is amazing and deplorable to see how often medical men can be satisfied to practice their arts according to the methods employed when they were graduated years before. Dr. Harvey Cushing said in "The Medical Career"—"To be sure, the profession requires a longer period of training before giving a novitiate the privilege of practicing, but since Medicine must be a life-long study, the doctor who does not learn something new every day about disease or the way people react to it, neglects his opportunities."

How can this progressive learning best be gained? Is it by reading journals, monographs, or text books? Yes—but in part only. Is it by attending clubs, county medical meetings, state or national meetings? Yes—in part only, again. Certainly these are necessary and play a vital part in the continuous process of education. They must never be discontinued.

Naudé has said, "Learning, as with water, is never more fair, pure and simple than at its source." One of the definitions of Open Sesame is, "a magical key—something that unfailingly opens or admits." Now what can this be? Of course, it is Dr. Wm. Osler's Master Word—"Work". One must study at the source (in postgraduate schools) and be instructed at regular periods, else he runs into a rut, into careless habits and loose thinking. A good athlete, for example, knows he must be instructed often to improve his game. However, some medical men feel that they are being belittled if it is suggested to them that they should become students again. Patients are cognizant of the fact that medicine is advancing by leaps and bounds, and they must demand that their doctors keep abreast of the times. It is *necessary* that we should be students to the end. This is true of both practitioners and instructors.

It is highly desirable, to go *forward* to postgraduate schooling, to study the progress in the medical arts. Here one sees new experiments and the way the experimenter works. Here one examines new data and is trained in their application. It is most stimulating for one to attend, yearly, some planned advanced course of instruction. If yearly courses are not practical in a given case, then biennial ones can be chosen. In this way one will be searching for the truth and keeping up with it. Dr. Wm. Mayo phrased it

* Chairman's Address. Read before the Section on Medicine at the seventy-third annual session of the California Medical Association, Los Angeles, May 7-8, 1944.

thus: "Truth is a constant variable; add a fact and change the outlook, and you have a new truth." In other words, truth is constantly changing—and one must change with change.

I should like to emphasize that this plan is a feasible solution of the problem—a practical program which can be carried out by anyone who aspires to attain advanced knowledge of the best in the medical arts. Your practice will not suffer—per contra, your community will have increased confidence in you, and a feeling of greater security. To raise our average, it is not inconceivable that in the very near future, examinations qualifying us to practice our arts will be required every few years. All would then see the need for the program of continuous education. It is in this way that we will forge ahead from present imperfect to future perfect.

215 Franklin Street.

ANESTHESIA FOR MILITARY NEEDS*

Major Louis K. Mantell
and
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Medical Corps, Army of the United States
Camp Haan

ANESTHESIA with Medical Service of the Division.—In order to appreciate the anesthesia problems which confront the surgeon charged with responsibility of the medical service of the Division, a brief review of the organization is indicated. It must be understood that the primary function of the medical service in the forward echelons of a fighting force are those of first aid and evacuation of casualties to the rear where definitive treatment may be given. The first aid emergency treatment which is received by casualties in the combat zone is highly important, and may be the factor determining the difference between life and death.

We are primarily concerned with the organization of the Triangular Division, since that has become the nucleus of our streamlined fighting forces. The Triangular Division is so designated because of the position of the assault regiments, namely two regiments abreast and one in reserve. This Triangular Division is served by a Medical Battalion, which consists of ——— officers and —— ——— enlisted men. This Medical Battalion has been streamlined in comparison with the Medical Regiment to almost one-half the strength of the Medical Regiment, which consists of ——— officers, —— warrant officers and ——— ——— enlisted men. In a similar manner, the Triangular Division has been derived from the old Square Division, so named because it consisted of two regiments abreast and two in reserve, and which had a strength of approximately ——————— as compared with the Triangular Division's strength of about ———.

Regimental Medical Detachment.—In addition to the Division being served by the Medical Battalion, a unit known as Regimental Medical Detachment is attached. This unit makes up the forwardmost portion of the medical service of the Division. It is entirely separate from the Medical Battalion and is attached directly to the regiment as an integral part of the combat force. This Detachment consists of ——— officers and ——— enlisted men. Briefly, the Regimental Medical Detachment's function is to render first aid to casualties on the battlefield and evacuate them to the Battalion Aid Station, located three hundred to eight hundred yards in the rear, depending upon the type of action in progress. It supplies two company or Battery Aid Men to each company or battery of infantry or field artillery. These men stay with that particular company or battery at all times, and render first aid to the casualties on the battlefield. They also direct the walking wounded toward the Battalion Aid Station. Litter-bearers, who are also supplied from this detachment evacuate the casualties to the Battalion Aid Station. The function of the Regimental Medical Detachment ends at the Battalion Aid Station from which point the Medical Battalion takes up the responsibility of evacuating the casualties to the rear.

The Medical Battalion is divided into three collecting companies, each of which services a combat team. This combat team is comprised of a regiment of infantry with supporting field artillery. The remainder of the Medical Battalion is made up of a Headquarters Company, and a Clearing Company.

Each Collecting Company is further divided into a Litter-bearer Section, an Ambulance Section and a Station Platoon. The Litter Bearer Section evacuates casualties from the Battalion Aid Station to the Collecting Station, located about fifteen hundred yards to one mile in the rear. This station is set up by the Station Platoon. The Ambulance Clearing Station evacuates casualties to the Clearing Station, located six to ten miles in the rear.

PROCEDURE WITH PATIENTS

On entering the Collecting Station, the casualty is admitted to the receiving and sorting department and from there the walking wounded are transferred to one side of the station for treatment, while the litter wounded are cared for on the other side. As the casualties pass on through the Collecting Station, the records of patients from both sides of the station are taken by a central unit. If necessary, a gas section is set up. The patients are cleared through the rear of the Collecting Station on to the Clearing Station by means of the Ambulance Section.

Upon the evacuee's arrival at the Clearing Station the same system of evacuation to the rear continues. The Clearing Station consists of a Supply Section, Administration Section, a section for caring for the shocked patient, and a

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The opinions and assertions contained herein are the private ones of the writers and are not to be used as official or reflecting the views of the Army Department or the Army service at large. Deletions are by the censor.

separate section for the walking wounded. Evacuation of the casualties from this station to the rear is taken care of by the rear echelons.

The nearest surgical facility to be encountered in the vicinity of the Clearing Station is the Mobile Surgical Hospital. However, more recent developments in the Army are the Trailer and Bus Operating Rooms produced at the experimental laboratory at Carlisle Barracks Medical Field Service School. This provides a sanitary, perfectly equipped operating room, seven and one-half by eleven feet. There is working space for an anesthetist, a surgical team of three operators and a surgical nurse. It carries enough supplies to perform twenty-four operations in a twenty-four hour period. This trailer operating room is accompanied by a sterilizer, power plant, a trailer kitchen, bedside x-ray and a supply truck. The trailer operating rooms are used in conjunction with a tent hospital, and all can be brought very close to the front lines. All transportable wounded are sent to this unit, operated, and put to bed in the tent hospital. When the battle casualties have been operated and otherwise cared for, the trailer operating room, power plant and other units can be moved to other areas where they are needed.

This trailer operating room is vastly superior to the Mobile Surgical Hospital used in the World War I, which required forty trucks of one and one-half tons each for transportation, and eleven trucks for personnel. In many instances, one or more trucks would fail to arrive, and thus render the hospital useless. When this hospital was set up and filled with patients it became immobile, and was of no further use until the patients could be evacuated.

As to the surgical functions of each of these links in the chain of evacuation, it is evident that definitive surgical care of battle casualties increases directly with the evacuation toward the rear.

First Aid Treatment is administered by the Company or Battery Aid men, who are the first ones to contact the battle casualty. What the Company Aid Man is able to do or not to do, in many instances, determines whether or not the casualty survives. His duty is to check severe hemorrhage, render first aid, and direct walking wounded toward the Battalion Aid Station. The casualty is then evacuated to the Battalion Aid Station by the Litter-bearers, who form a portion of the advanced Regimental Medical Detachment.

At the *Battalion Aid Station,* very limited surgical treatment is available, and the function of this station is to render only such emergency treatment as may be necessary to return the casualty back to the front as an effective or to prepare him for further evacuation to the Collecting Station. The Battalion Aid Station is equipped with a limited supply of ether and ethyl chloride, and with some procaine and epinephrine tablets for preparing a solution for local anesthesia. It is, in addition, amply supplied with morphine sulphate. These drugs are a part of the equipment supplied in the No. 2 Medical Chest.

In connection with surgical care at the Battalion Aid Station, it is emphasized that primary shock can be precipitated by pain. Therefore, the importance of controlling pain at the earliest possible opportunity cannot be over-emphasized. With the facilities available at this forward station, pain can be controlled with morphine or, in some cases, by the use of ether or ethyl chloride singly or in combination as inhalation anesthetics. The use of regional anesthesia on a severely traumatized extremity for transportation of the casualty to the rear, is still an idea yet to be attained. The amount of local anesthesia available at the forward stations is too limited for any such extensive use.

At the *Collecting Station,* where the Medical Battalion begins to take over the Divisional medical service, the provisions for anesthesia are increased by the addition of another No. 2 Medical Chest, and while the facilities for anesthesia at this station, at best, are quite limited, they are still improved over those available in the Battalion Aid Station. Primarily, the function of the Collecting Station is that of a way station only, and casualties are moved on from there as rapidly as possible. Only such treatment of shock and readjustment of splints and dressings as may be necessary for further evacuation is done here.

It is at the *Clearing Station* that one begins to meet the first definitive surgical treatment. Here the equipment is supplemented by the addition of two more No. 2 medical Chests, and some limited surgery can be done. The most practical anesthesia at the Clearing Station is drop ether, local infiltration and intravenous agents, when the latter can be procured. At the present time there are many experienced anesthetists and I believe at least one could be used at the Clearing Station and, with trained technicians, would find ether, local infiltration and possibly intravenous methods entirely satisfactory. Spinal anesthesia is impracticable here, due to the temporary nature of the hospital. Beds cannot be immobilized, and it is not considered good practice to transport a patient for a period of twenty-four to thirty-six hours after spinal anesthesia. Nitrous oxide and oxygen are impractical at this station because of the difficulty of transporting gas machines and supplying gas cylinders.

The Clearing Station may keep casualties as long as two days or more before evacuating them if it is felt that it might be possible to return them as effectives to their organizations. The Clearing Station evacuates to the Evacuation Hospital such casualties as are not able to be returned to the front. This unit may be located almost any reasonable distance behind the Clearing Station.

In the equipment of the *Trailer* operating rooms, it has been necessary to limit the anesthetic agents to those requiring little space, and ether was the choice of the inhalants. All the spinal anesthetics, the intravenous anesthetics and the local block type of procaine are included.

The treatment at the *Evacuation Hospital* is

usually very complete, and in many instances, practically that of a General Hospital. At most Evacuation Hospitals, it is possible to supplement the anesthetics with pentothal sodium, and spinal, as well as gas-oxygen. Such casualties as require extensive surgery, or wherein the Evacuation Hospital must evacuate them because of overcrowded conditions are sent on to the General Hospital, where the anesthetic resources are practically unlimited.

PROBLEM OF ADEQUATE ANESTHESIA

The problem of producing adequate anesthesia is of necessity more complex under war conditions than it is in peactime when well-equipped, modern Civilian hospitals are available. The time devoted to each patient must be considered because there may be unlimited numbers of wounded awaiting treatment. The conserving of time does not preclude adhering to the elementary principles of safe anesthetic practice.

From the time a casualty is picked up by the Medical Detachment, his treatment is handled with the aim of preventing shock and evacuating him to the rear for definitive treatment in the best possible condition. This condition must be evaluated by the anesthetist and the anesthetic agents and method of administration should contribute a minimal amount toward the shock already present, or, if possible, reduce it. Due to the wide scope of activity and the varied climatic conditions under which we expect to operate in this war, the most satisfactory agent on one front may be useless on another.

SOME BASIC PRINCIPLES

A few basic principles can be observed under all conditions. We know that pain is one of the causes of primary shock and that fluid loss is present in all cases of secondary shock. Some important functions of the blood are:

1. Transportation of oxygen by the red blood cells.

2. Maintenance of coagulation qualities by fibrinogen and prothrombin.

3. Maintenance of osmotic pressure and the furnishing of nutrition by the plasma proteins.

4. Aid in fighting infections by antibodies and phagocytosis.

These functions are interfered with in the presence of severe pain with a resultant lowering of blood pressure, or in the presence of marked fluid loss. If an anesthetic which diminishes the supply of oxygen is administered under these conditions the degree of shock manifest is accentuated immediately. Prior to starting any anesthetic, an attempt should be made to relieve the pain with narcotics and to replace the fluid loss by administering whole blood or blood plasma. Intravenous glucose and saline will produce a temporary rise in blood pressure and allow the red blood cells present to function more efficiently. This beneficial effect is fleeting and any operation requiring deep anesthesia should be delayed until a more permanent means of maintaining the blood pressure is established. The patient in severe shock should have sufficient plasma and whole blood to practically replace the amount lost. This may require from five hundred to two thousand cubic centimeters or more, depending on the degree of shock present.

After adequate treatment for pain and shock, the patient's stomach should be emptied before starting the anesthetic, provided the injury was sustained within an hour or so after eating. Theoretically an ample supply of anesthetic agents and equipment should be available from the mobile hospital or trailer operating units to the General Hospital. Actually this will not always be true during an active campaign.

The disadvantages of spinal anesthesia on shocked patients more than offset its advantages.

Injuries to the lower extremities would be improved if the patient were given a spinal anesthetic which affected only the lumbar segments. If the anesthesia should extend higher to the thoracic region, producing a marked drop in blood pressure and an intercostal paralysis, the degree of shock would be increased. High spinal anesthesia frequently produces as much as fifty per cent decrease in the tidal air exchange. Such a decrease in the presence of a poorly functioning circulatory system could be fatal. Unfortunately we cannot always be certain that a spinal anesthetic will not extend higher than is desirable. When it is necessary to operate on a patient in shock, some type of regional field block, combined with inhalations of oxygen, or supplemented with gas and oxygen, or pentothal and oxygen to produce additional analgesia is the safest procedure.

Intravenous anesthesia with pentothal sodium or evipal soluble offers a pleasant, rapid induction of anesthesia. Under civilian conditions, where the patient can be premedicated adequately, and where oxygen is available at all times, their use is perfectly safe by one who is adequately trained.

Soldiers in the fighting line are young and robust. Under the stress and strain of war conditions they are keyed up to a high pitch which may be due to excitement, anger or fear. Under such conditions an ordinary dose of morphine may show little effect. Pentothal sodium or evipal soluble administered in these cases frequently requires an excessive dose to produce unconsciousness. Two grams of pentothal, within ten minutes, has been given to such patients without producing sufficient anesthesia to suture a laceration on the leg. When an excessive dose has been used these cases sleep for a long time and need to be watched very carefully to prevent the airway from becoming obstructed. These drawbacks offset the advantages of intravenous anesthesia except in permanent installations where oxygen and adequate nursing facilities are available. In the Evacuation Hospital and the General Hospital their use, combined with regional or spinal, or combined with gas-oxygen mixtures, will be the same as in civilian practice.

During the last World War, a member of the French Army, Colonel DePage, used a mixture of twenty-four cubic centimeters of ether, five and one half cubic centimeters of ethyl chloride, and one half cubic centimeter of chloroform. This mixture was placed on a gauze-covered cotton pad in a hood made of rubber sheeting. This hood containing the gauze pad saturated with three quarters of an ounce of the above mixture for small or debilitated cases and one and one quarter ounces for large husky individuals, was placed over patient's face and held up in the center to allow room in which to breathe. The theory of this mixture was that the ethyl chloride would evaporate first and produce a rapid loss of consciousness. The chloroform would tide over between the ethyl chloride and ether. By this method induction required approximately two minutes and the anesthesia would last about eight minutes. If the operation was to take longer than eight to ten minutes, the anesthetic was continued under open drop ether. Dr. Guedel used this method in several thousand cases with satisfactory results. Vinyl ether should prove of value used in a similar manner or to replace the ethyl chloride in the above mixture. This same procedure will undoubtedly prove useful in the present war for those cases not in severe shock and for short procedures where a gas machine and oxygen are not available.

IN CONCLUSION

In conclusion I should like to emphasize the importance of adherence to recognized standards of anesthesia;

1. Relieve pain and primary shock with narcotics.

2. Treat the shock present with adequate blood or blood plasma.

3. Empty the stomach of undigested food, if injury has occurred shortly after eating.

4. Use an anesthetic agent and method that will contribute a minimal amount toward shock or preferably aid in reducing it.

5. Maintain a free airway with adequate air or oxygen at all times.

The facilities for anesthesia are extremely limited. However conditions forward do not permit the use of anesthetics to any degree, even if they were available, since the function of the forward portions of the Medical Service with the Division is the evacuation of battle casualties as rapidly as is consistent and practical with the safe transportation of the casualty.

From the Clearing Station on to the General Hospital the availability of anesthetic agents and equipment is quite complete, and trained anesthetists will have the same opportunity for exercising their skill and judgment under military conditions as they had in civilian practice.

Camp Haan.

DEHYDRATED FOOD IN WAR AND PEACE*

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IN discussing the subject of dehydrated foods, their importance in the present war, and their probable importance in the peace that follows, there is no intention of giving the impression that the dehydration of food is a new industry. On the contrary, as you well know, the practice of drying food is centuries old. However, the dehydrated food industry is being revamped to suit modern standards. Our present knowledge of vitamins is sufficient reason for seeking to improve dehydration processes so as to permit maximum retention of these labile elements.

The *Journal of the American Medical Association* for September 12, 1942, contains an article on the "Nutritional Aspects of Feeding an Army," by Colonel Paul E. Howe[1] and in the same issue Captain Ernest W. Brown has discussed the "Nutritional Aspects of Feeding in the United States Navy".[2] Both authors stress the important rôle played by food and its preparation in the maintenance of morale. An adequate diet and its proper preparation aids the maintenance of morale by means other than merely satisfying the appetite in a pleasing manner. An adequate diet implies the proper amounts of the various vitamins, and present knowledge of the mechanism of action of the vitamins provides a real physiological basis for the preservation of morale.

As pointed out by Captain Brown,[2] recognition of the importance of vitamins together with the space limitation in a submarine gives rise to a special dietary problem in this branch of the Navy under war conditions. "These vessels are assigned to patrols which may extend sixty days or over. The storage capacity for provisions is so limited that the protective foods, in the form of fresh fruits and vegetables, eggs and milk, can be carried for only relatively short periods, the personnel then subsisting chiefly on meat and preserved foods, largely of the canned type. There appears to be no doubt as to the adequacy of the caloric and protein aspects of the ration, but there is some question with respect to the sufficiency of vitamin and mineral constituents. The possibility has not been put to the test of a nutrition survey, but all submarine personnel are now supplied with a vitamin complex as a means of forestalling any potential deficiency in these items."

GROWING RECOGNITION OF IMPORTANCE OF VITAMINS

This growing recognition of the importance of vitamins in an adequate diet makes it imperative that we produce a higher quality of dehydrated vegetables than was supplied to the armed forces

* From the Bureau of Agricultural Chemistry and Engineering, Agricultural Research Administration, U. S. Department of Agriculture, at the Department of Pharmacology and Therapeutics, Stanford University School of Medicine, San Francisco, California.

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in the last war. A hasty review of the history of vitamins enables us to understand why better dehydrated products could not be supplied in the last war. We need not trace this historical development from the time that the existence of vitamins was first recognized and then recount the successive discoveries of the various vitamins, a process which is still incomplete. Instead, it will suffice to briefly point to a few dates and names associated with the purification, isolation, and identification of A, B1 and C.

The conversion of carotene to vitamin A was reported by Thomas Moore[3] in 1930. By 1931 Zilva,[4] Bezssonoff,[5] and King[6] and their respective associates had prepared concentrates of C which would protect guinea pigs against the symptoms of C deficiency in dosages of 1 to 2 milligrams daily. In 1932 Waugh and King[7] described the isolation and identification of what was then called "hexuronic acid" and showed that daily doses of 0.5 milligram protected guinea pigs against scurvy. A few weeks later Svirbely and Szent-Gyorgy[8] demonstrated the antiscorbutic activity of "hexuronic acid" isolated from the adrenal gland. Waugh and King[9] then showed that their preparation of "hexuronic acid" and that obtained from adrenals were identical. By 1933 the chemical structure of vitamin C had been established. The chemical structure of thiamin, or B1, was established after 1935 and was the result of the accumulated evidence of a number of investigators. Our precise knowledge of the other vitamins is of even more recent date. In brief, the purification, isolation and identification of the known vitamins took place during the last twelve years or less.

The significance of this hasty review lies in the fact that exact knowledge regarding the vitamins was necessary before accurate chemical and bioassay methods could be developed for evaluating the vitamin content of various foods. Such methods and the data they yield are prerequisites for the development of dehydrated foods with adequate vitamin retention. Satisfactory foods could not have been prepared during the last war except by chance.

The suggestion may be made that the foods be dehydrated without regard to vitamin retention, and that the vitamins be supplied as a supplement. Such a procedure is objectionable for at least three reasons. In the first place we cannot at present produce enough of the vitamins. Secondly, it remains to be shown that pure vitamins are as effective from a nutritional point of view as a balanced vitamin intake in the natural state. Lastly, as will be shown later, the retention of vitamins in dried foods tends to go hand in hand with the preservation of color and palatability.

Although it is not feasible at present to meet the military and lend-lease requirements with pure or nearly pure vitamin preparations, there has been amazing progress lately in the production of large quantities of vitamins. In a recent U. S. Department of Agriculture Summary under date of October 8, 1942, it was stated that during August alone 155,000 pounds of vitamin A extracted from fish livers was delivered. Deliveries of synthetically produced thiamin hydrochloride amounted to 5,738 pounds and deliveries of ascorbic acid totaled 9,330 pounds. The ability to produce synthetically nearly 3 tons of thiamin is a remarkable achievement when one remembers that its chemical structure was estbalished in the last seven years.

VITAMIN CONTENT OF FOOD SHOULD BE PRESERVED

Even if we can supply at least some of the vitamins by the ton there is much to be said in favor of preserving the vitamin content of our food. It is not wise to satisfy our carbohydrate requirements with candy and pure sugar and thereby decrease our desire for the natural carbohydrate foods which supply needed vitamins and minerals. It is equally unwise to take our daily vitamin requirements in pill form and forego the vitamin-rich foods which supply other elements needed in our adequate diet. The use of pure vitamins belongs more logically to the relief of deficiency states and special emergency situations such as the Navy encounters in feeding submarine crews. Undoubtedly there are vitamins concerning which we know little or nothing, and we are most likely to acquire them through the medium of an adequate diet. Certainly they are not to be found in pill and elixir form.

Allow me to stress the advantage of food as a source of vitamins by reporting recent discoveries concerned with ascorbic acid. This vitamin occurs in certain foods in at least three forms. It occurs as free ascorbic acid, as dehydroascorbic acid, and as protein-combined ascorbic acid. All three of these forms are available to the living organism because the dehydroascorbic acid can be reduced by the body, and the protein-combined material can be hydrolyzed in the digestive tract. Eating food containing vitamin C in these three forms is more apt to maintain a favorable level of ascorbic acid in the tissues and body fluids than is the ingestion of the pure crystalline product. The latter is more susceptible to rapid absorption, giving rise to a relatively rapid increase in blood ascorbic acid followed by excretion in the urine.

It is therefore a matter of economy and common sense to supply the vitamins in naturals form insofar as possible. But meeting the vitamin requirements of our own armed forces and those of our military and civilian allies is only one of the pressing food problems we are facing. Meeting the vitamin requirements means an adequate and varied diet. The global aspects of the present war mean that this food must be shipped to a wide variety of climates at great distances. We are at once faced with the problems arising from a shortage of shipping space, and the need for a reduction of refrigeration to a minimum.

ON PRODUCTION OF HIGH GRADE DEHYDRATED FOODS

The production of high grade dehydrated foods in which the vitamins are preserved contributes much to the solution of these problems. One ship-

load of dehydrated food is approximately the equivalent of six ship-loads of fresh foods, assuming equal ship tonnage. The fact that dehydrated foods do not require elaborate refrigeration reduces the cost of suitable ship construction and increases the amount of useful shipping space. The production of satisfactory dehydrated foods not only contributes toward the solution of the shipping problem, but also makes feasible the use of otherwise perishable foods in a wide variety of climates. The great reduction in bulk and weight of food should simplify the problems of supply to troops in advanced positions. It is conceivable that supplies could be flown in if necessary.

How do we go about solving the problems met with in producing high grade dehydrated foods? The time allotted will not permit a detailed discussion of the subject. The Bureau of Agricultural Chemistry and Engineering of the Agricultural Research Administration is engaged in an extensive program to improve and further develop the technique of dehydrating foods. The project involves the coöperative efforts of engineers, biochemists, plant physiologists, pharmacologists, agricultural economists, and others. The aim is to produce products with attractive appearance as judged by color, odor, taste and general physical characteristics. Upon reconstitution by the addition of water the products must be palatable and closely resemble or be identical in appearance with the fresh material. Last, but not least, the vitamin content must be preserved to a maximum degree.

The dehydration industry which is developing, and which may continue in peace time if the quality of the products justify such an industry, must not be thought of as an outlet for the utilization of culls, or foods that have been stored awaiting sale. A dehydrated vegetable can be no better than the fresh vegetable from which it is made. A good dehydrated vegetable may be better than a poor fresh vegetable. Not only must a vegetable to be dehydrated be fresh but it must be of the proper variety. The vitamin content of fresh vegetables, to name one variable, may vary considerably from one variety to another. For example, the ascorbic acid content of Savoy cabbage is about four times as great as that of Cannon Ball cabbage. Many vegetables begin to deteriorate as soon as they are harvested. The time between harvesting and dehydrating should be kept to a minimum. The dehydration facilities should be close to the source of supply, so far as the time factor is concerned. In a sense, so far as the labile nutritive elements are concerned, a satisfactory dehydration process may be looked upon as a means of stabilizing the food during the time that elapses between harvesting and its use by the consumer. In fact, despite the vitamin losses which occur during dehydration with present techniques, the vitamin value of the dried product may often be higher than that of the so-called fresh vegetable on the open market.

The normal chemical processes in living plants require the presence of water. The chemical reactions characteristic of deterioration after harvesting are also dependent upon the natural water content. Modern processes of dehydration utilize high temperatures, controlled humidity, forced circulation of air, and, if necessary, reduced pressure. By these means the water content of foods may be reduced to as little as 3 or 5 per cent. Such products deteriorate less rapidly than products dried naturally under influence of sun and wind, conditions which often permit the retention of 25 per cent of the water. Although a low water content greatly slows up the chemical reactions characteristic of deterioration, the dehydrated vegetables will usually develop hay-like odor and taste, and lose color unless precautions are taken to inactivate the enzymes which are believed to facilitate these changes.

Fortunately the relatively simple procedure of scalding inactivates these enzymes in large measure. Scalding may be accomplished by boiling in plain or salt water or subjecting the material to free-flowing steam. The method of scalding and the time of exposure to such treatment for best results must be determined for each type of vegetable. The two samples of carrots exhibited were taken from the same lot of carrots and dehydrated under identical conditions. The sample with good color was steam scalded before dehydration. The colorless and unattractive sample was dehydrated without preliminary scalding.

As will be shown later the retention of color, palatability and vitamins frequently go hand in hand. In our laboratory we have conducted bioassays on the vitamin A values of dehydrated carrots, sweet potatoes, mustard greens and chard. These assays show that little carotene, provitamin A, is destroyed during dehydration. The losses of thiamin and riboflavin during dehydration vary with the different types of vegetables. Losses of thiamin may be as low as 5 per cent or as high as 18 to 20 per cent. Riboflavin losses are minimal in the case of potatoes, but as much as one third may be lost during dehydration of carrots and cabbage. The preservation of ascorbic acid, vitamin C, is one of the most difficult problems encountered in the dehydration of vegetables. With present techniques about one half of the ascorbic acid is lost. Nevertheless, this loss of ascorbic acid is less than the amount that may be lost through deterioration of leafy vegetables in a store under unfavorable conditions.

WHAT IS THE TOTAL VITAMIN CONTENT DELIVERED TO THE CONSUMER?

Under ideal conditions of dehydration a maximum amount of all vitamins will be preserved, but the fundamentally important question is, what is the vitamin content that reaches the consumer? Despite the losses during dehydration the total vitamin content delivered to the consumer in dried vegetables may be as high or higher than in the so-called fresh vegetables that have been in the market several days. As stated before, dehydration may be regarded as a means of stabilizing

the vitamin content of vegetables between harvesting and consumption.

If dehydration is to be a means of stabilizing the vitamin content of vegetables, the losses taking place during storage under various conditions must be known. Investigations have been made on the rates of deterioration of the carotene, ascorbic acid, thiamin and riboflavin content of carrots and cabbage stored in air, carbon dioxide and nitrogen, and with different moisture contents, over periods of 16 weeks. In the case of carrots both the thiamin and riboflavin show practically no loss in the presence of 7.0 per cent moisture while stored in air. In the case of cabbage the situation is a bit different during storage in air. The loss in riboflavin is slight and is not appreciably greater in the presence of 10.0 per cent moisture than it is with 3.5 per cent moisture. Under the same conditions thiamin is more susceptible to losses. In the presence of 3.5 per cent moisture there is a loss during the first four weeks, after which the value appears stabilized. But with moisture contents of 8.0 and 10.0 per cent the loss of thiamin is greater and continuous through the storage period. The greater susceptibility to destruction in the case of ascorbic acid is readily shown by the storage tests made on dehydrated cabbage. Storage in oxygen permitted a slightly greater loss in C value than did storage in air when the water content was 3.5 per cent. If the water content was as high as 10 per cent the rate of destruction in oxygen was greater than in air, but in both cases the value at the end of 16 weeks was so low that for practical purposes the value was zero. This instability of ascorbic acid points to the need for a low water content and protection from oxygen. Storage in carbon dioxide and in nitrogen with a water content of 6.5 per cent permitted much better retention of the C value, the results being somewhat better in nitrogen than in carbon dioxide. The preservation of the C value was excellent in nitrogen when the water content was lowered to 4.0 per cent.

The preservation of the vitamins, especially ascorbic acid, in the presence of an inert gas and low water content is, of course, indicative of retarded chemical reactions. The slowing of chemical reaction is also seen in the better preservation of color and palatability with a progressive lowering of the water content, especially when stored in nitrogen.

Doubtless problems remain to be solved, but our present knowledge of the vitamins and the conditions needed to preserve them, as well as the color and palatability, together with the technical facilities to secure a low water content, give a firm foundation to the dehydration industry. It is not likely to collapse when the war ends. For a while, at least, it must not collapse. It will be necessary to assist in the feeding of many nations until they can put their own food production back to work. There will still be a shipping shortage and a need for dehydrated foods, probably an even greater demand. Through the medium of dehydrated foods we have the opportunity to build up a storehouse of otherwise perishable food supplies to be used when the increased demands come.

Remarkable progress has been made in the revamping of the dehydrated food industry to suit modern needs. Continued research may be expected to further improve the products and increase their appeal to the public. There is greater likelihood of a continuation of an active dehydration industry after this war than was the case after the last war. Fresh foods will never be supplanted by dehydrated foods. They have never been supplanted by the enormous canning industry. But, like the canned goods, it does seem likely that high quality dehydrated food will serve a purpose and find an expanding market.

Clay and Webster Streets.

REFERENCES

1. Howe, P. E., Jour. A. M. A. 1942, vol. 120, p. 93.—A. C. R. D. 101.
2. Brown, E. W., Jour. A. M. A., 1942, vol. 120, p. 96.
3. Moore, T., Biochem. J., 1930, vol. 24, p. 696.
4. Zilva, S. S., Biochem. J., 1929, vol. 23, p. 1199.
5. Bezssonoff, N., Bull. Soc. Chim. Biol., 1929, vol. 11, p. 294.
6. Smith, F. L., and King, C. G., Biol. Chem., 1931, vol. 94, p. 491.
Svirbely, J. L., and King, C. G., J. Biol. Chem., 1931, vol. 94, p. 483.
7. Waugh, W. A., and King, C. G., Science, 1932, vol. 75, p. 357.
Waugh, W. A., and King, C. G., J. Biol. Chem., 1932, vol. 97, p. 325.
8. Svirbely, J. L., and Szent-Gyorgyi, A., Biochem. J., 1932, vol. 26, p. 865.
9. Waugh, W. A., and King, C. G., Science, 1932, vol. 76, p. 630.

Association of California Hospitals

Hospital administrators and medical men from throughout California held a meeting in Santa Barbara on April 12 and 13.

The program was opened with greetings by Dr. Clifford W. Mack, president; Mrs. Gladys Smits, superintendent of Cottage hospital and chairman of the local committee on arrangements, and Mayor Patrick J. Maher. Topics discussed during the morning session included tuberculosis, penicillin, the Kenney treatment and "New War Problems Indicating Health Examinations," respective speakers being Dr. Edward Kupka, chief of the state division of tuberculosis; Dr. Paul M. Hamilton, chief of the Los Angeles General hospital division of communicable diseases; Dr. E. D. Barnett, of Sonoma County Hospital; Dr. H. M. Ginsburg, of Fresno County Hospital, and Dr. George M. Uhl, Los Angeles City Health Officer.

Luncheon meetings were followed by an afternoon session, "Economic Aspects of Future Hospital Care," discussed by Dr. E. Vincent Askey. Annual meeting of the Hospital Service of Southern California followed.

A banquet was held in the evening, at which Dr. B. W. Black, medical director of Alameda County institutions spoke on "The Pan-American Hospital Institute in Mexico City," and George Bugbee, executive secretary of the American Hospital association, discussed "The Expanding Program of the American Hospital Association."

Election of officers, trustees and representatives preceded a luncheon meeting at which Dr. Walter L. Halverson, director of the state department of public health, lead discussion on "Rules and Regulations Governing Maternity Homes and Hospitals."

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

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† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL NOTICE

To the Officers and Members of the California Medical Association:

The seventy-fourth annual session of the California Medical Association will be held at Hotel Biltmore, in Los Angeles, on Sunday, May 6th, and Monday, May 7th, Nineteen hundred and forty-five.

The House of Delegates will convene on Sunday, May 6th, at 12:00 o'clock noon.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Army Medical Corps Asks More Doctors

The United States Army Medical Corps announced in April, 4,200 more doctors are needed this year to guarantee proper care to the millions of United States soldiers on the world battlefronts and in hospitals.

To meet the quota of new doctors needed each year, the medical corps has issued an appeal for thousands of doctors now practicing in civilian life.

Physicians should contact the state chairman of the procurement and assignment service for physicians, War Manpower Commission, who will place a demand on the nearest district office of the army service forces officer procurement service to process the applicant.

Doctors, it was announced, will be commissioned in the grade of first lieutenant and up, and serve for the duration of the war plus six months.

The medical corps announcement continues:

Stationed at front line dressing stations, where the first battle casualties are brought, or in larger base hospitals, where injured and sick soldiers must be made well again, army doctors and nurses, according to the latest figures, have saved 97½ per cent of all casualties.

Doctors Under WMC Jurisdiction

Nurses, Physicians, Veterinarians and Dentists Included

Nurses, dentists, physicians, veterinarians and sanitary engineers employed by others on April 14 were put under the direct jurisdiction of the War Manpower Commission.

Announcing the new ruling, E. C. Rinehart, acting state manpower director, said that hiring and releasing of men and women in these professions is subject to the following provisions:

Persons in these professions in essential or locally needed activities are subject to determinations of eligibility for statements of availability or referrals by the United States Employment Service.

Those in less essential activities are subject to the employment stabilization plan which also is applicable to all other workers in such establishments.

Appeals of professional workers covered by the order may be made in the usual manner, Rinehart said.

U. S. Casualties

U. S. Army casualties as of April 7 totaled 145,082, an increase of 10,450 above the total two weeks earlier, and total announced American armed force casualties to date are 183,309, it was revealed April 20.

Secretary of War Stimson told a news conference that the army total included 25,013 killed, 59,222 wounded, 32,048 missing and 28,799 prisoners of war. He reported April 13 that casualties as of March 23 totaled 134,632.

A navy casualty list released April 20 showed 44,227 casualties among navy, marine and coast guard forces, an increase of 378 above the number of a list released April 13. The new navy total showed 18,795 dead, 11,726 wounded, 9282 missing, and 4424 prisoners of war.

Army Discharges Total 1,058,000

The Army reported on April 1, that 1,058,000 enlisted men were discharged from December 1, 1941, to January 31 of this year.

Of the total, 844,000 were given honorable discharges, exclusive of discharges to accept commissions, this included 196,000 discharged because they were over 38 years of age.

New Draft Deferments for Men Under 26

Selective service headquarters on April 11 put out the official list of critical activities which will rate draft-deferments for registrants under 26 years of age.

The list, issued by Selective Service Director Lewis B. Hershey to state draft directors, covers a considerable catalogue of work which the government agencies consider vital to winning the war.

And the listing boils down to this:

If you are physically fit, non-farming selective service registrant under 26, and your work is not included in the official list, you can expect a quick call to the induction station. If your work is on the list and your employer considers you a key man, he can apply for your deferment from the draft—and get it.

Preprofessional students will be deferred only if they can enter a recognized school of medicine, dentistry, veterinary medicine, osteopathy or theology before July 1.

Students in those professional schools, internes (provided the total period of interneship shall not exceed nine months) and undergraduates in certain listed engineering and scientific courses who will graduate before July 1 also will get deferments.

General Somervell Hails Miracle of Disease-Free Army

Crile General Hospital of Cleveland, Ohio, on April 21, was turned over formally to the Army Medical Corps, which Lt. Gen. Brehon Somervell praised for "making sound again the bodies of our soldiers broken on the rack of war."

Named in tribute to Brig. Gen. George W. Crile of Cleveland, chief Army surgery consultant in World War I, Crile Hospital cost $5,000,000 and has facilities for 1727 patients.

Disease Deaths Abated

"Our troops, scattered over six continents, are camped in steaming jungles and on barren arctic wastes," Gen. Somervell said. "Our battle lines and supply lines reach across areas infested with disease. Yet, among our 7,000,000 soldiers, here is the report to date:

"Not a single American soldier has died of tetanus. Not a single American soldier has died of bubonic plague. Not a single American soldier has died of smallpox, of cholera, or of typhoid fever. Not a single American soldier has died of typhus."

Terming the record a modern miracle of medicine, the general said:

"In the first World War 8 out of every 100 battle casualties admitted to the hospitals died of wounds. Today only 3 out of each 100 die. The military death rate from all diseases is just one twenty-fifth of the rate in 1918. That's what I mean by miracles."

Arrowhead Hotel Becomes Navy Hospital

Arrowhead Springs Hotel, former resort center, will be converted at once into a Naval Convalescent Hospital, Rear Adm. Edgar L. Woods, West Coast inspector of Naval medical activities, recently announced.

With the acquisition of the Arrowhead Hotel, the Navy will be operating on the Coast 10 large hospitals, several convalescent hospitals, and numerous medical dispensaries, he said.

Neuropsychiatric Discharges

The size of the problem presented by neuropsychiatric discharges from the armed services is indicated by Marjorie Van de Water, who says in a *Science Service* series that some 25,000 men a month are being mustered out for mental or emotional unfitness.

Relatively few of these cases are a result of crackups in combat. Most of the "N-P's" have not even been overseas. They are usually men who either were maladjusted to life before getting into uniform, or who have been unable to adjust themselves to a goldfish existence and to accept the bluntness of officers and noncoms as a substitute for motherly or wifely tenderness. There are many cases, also, of soldiers who break down emotionally because of worry over troubles back home.

The large number of such discharges, which must involve enormous expense to the Government as well as distress to the men involved, suggests a need for closer psychiatric screening of inductees.

Broken Skulls

Army Surgeons' New Method Is Like "Repairing a Broken Window"

Army neuro-surgeons at Walter Reed Hospital have taken a tip from the glazier and developed a new technique for fixing skull fractures caused by battle wounds or violent accidents.

They are replacing extensive areas of shattered skull bone with tantalum metal plates that are "inlaid" on chiselled-out edges of uninjured bone and fastened with tiny triangular metal wedges—just as a new pane of glass is inserted in a window frame.

Tantalum, the metal which has many properties of mild steel and apparently causes no ill reactions in the human body, has been used before to repair skull fractures.

Dr. George K. Rhodes Gets Army Promotion

Lieut. Col. George K. Rhodes of San Francisco has been appointed consulting surgeon of the American Army Forces in a large area of England, it was learned recently. Doctor Rhodes has been in charge of the University of California Base Hospital Number 30, now in England.

In San Francisco he was assistant chief surgeon of the emergency hospitals and an associate of Dr. Edmund Butler.

To Navy Physicians Going Into the Tropics—Some Advices

The Oregon State Medical Society has been printing

an interesting *"Service Bulletin,"* published in the interest of Oregon medical men in the armed forces of the United States, to keep them in touch with one another and with activities at home. The following article is taken from the issue of April, 1944:

When our physicians come home, they are often asked to speak to various groups. Commander Eugene P. Owen (Portland) was one of these, and he found he was often asked what a doctor just going into the tropics should take in the way of personal equipment to add to his comfort and usefulness. Since the same question has come to the Bulletin, we asked Dr. Owen to list his recommendations, born of his own experience, and they follow:

Documents

There are three musts. (a) Health record. Each man has his health record on a typed sheet. The enlisted men's sheets are taken up by the Navy, but the M.O. carries his own. If you lose it, you have to have a whole new set of inoculations. (b) Transfer pay accounts. If you lose them, you just don't get paid until they are replaced, which may take several months. (c) Many copies of original orders; at each base and transport numerous copies have to be turned over to supply and pay officers. The number depends on the nature of your orders, but I'd never start overseas with less than fifty copies.

Food

I do not advise taking special food; it is heavy, likely to spoil, and usually unnecessary. It is true that we had a thin time for the first four months, but that was very early in the war, and food supplies catch up with you quickly now. But if you are to be responsible for a unit in a distant or isolated area, the question of food is important to you, for you will find that the M. O. immediately becomes commissary as well. You should take along fishing equipment, mostly heavy tackle. I had none, but was lucky enough to get some, and I was able to keep our mess pretty well supplied; even after the lean days were past, we were glad to vary our diet with fresh fish. You should also be sure that in your outfit are ample vegetable seeds. Things will mature in two months down there, and you can soon give your diet a big boost with a garden.

Clothing

Take at least a suit of blue and two of whites; you will have some use for them, especially if you are in Australia or New Zealand. You will also want khaki pants and Marine khaki shirts (lighter than Army shirts). Plenty of underthings. Lots of socks, preferably white. Light wool is better than cotton, because they are more absorbent and your feet will perspire furiously. The Navy supplies pith helmets, but 4 or 5 Army overseas caps, khaki or slate, will be useful. Take plenty of emblems, especially collar emblems; you lose them fast. I'd advise 10 or 15 pounds of good laundry starch. The Navy usually furnishes it, but there will be times when it is not available, and without it, things look like rags.

If a large drying unit is not available very soon after you land, make a little one (4'x2'x2') for yourself, with an electric light bulb inside to do the drying. Put the bulb in the top of the dryer, or else your clothes will fall down on it and burn. I learned this the hard way.

Toilet Articles

If you wear glasses or removable dentures, be sure to take extras. An extra watch is worth considering. Some transports cannot supply fresh water for bathing, so take a few cakes of salt-water soap. Also a can of saddle-soap, for leather things must be worked over at least weekly, else they grow green whiskers of mold. Shoe-shining equipment, including some soft rags. You will probably be able to use your electric razor ashore, but you should take either a straight-edge or a safety with plenty of blades; also plenty of shaving soap. The Navy doesn't think much of beards. Take talcum powder to last two or three months. Your skin is likely to become irritated and subject to fungus infections, where you bathe so often as you do there.

Medicines

The Navy will probably have all you need for mosquito control by the time you land, even at an outpost. Usually you can get drugs for personal use on the ship or soon after landing. Some men take vitamin tablets, for example, and I've never known it to be necessary.

Stationery

Take plenty of *very* thin paper. Also, a lot of airmail stamps; we couldn't get any for more than six months. Put waxed paper between the stamps and under each envelope flap. I'd suggest one or two extra fountain-pens, and fountain-pen ink in a carrier package, or else *good* indelible pencils.

Sports and Hobbies

Take your own amusements, for you may have long stretches of boredom otherwise. There will be tennis courts wherever the English have been, or they can be quickly made. The Red Cross usually brings in baseball equipment. If you go to Pearl Harbor, New Zealand or Australia, you can use your golf clubs. In many areas you are now allowed to take cameras, but inform yourself first on handling films in the tropics. If you do woodcarving, take tools; you can often find unusual native woods to work. If you paint or sketch, take materials, for you will find many subjects. You will also have endless chances to learn native skills,—surfboarding, handling outrigger canoes, spearfishing, etc.

Packing and Luggage

You are allowed two foot lockers (about 4'x2'x2') and necessary hand luggage, and it is well to have your name painted all over each piece. A small bag, large enough to hold necessaries for a day and night, is convenient for short flights. Things that can rust or mould should be in damp-proof packing, and things that can stick should be wrapped in waxed paper. Where possible, take things that you can discard when you come back; you may come by air, and having things shipped after you is uncertain at best.

Sunbathing

This isn't "equipment," of course, but I do want to warn you that under no circumstances should you, or any member of your unit, take long sunbaths when you first encounter the warm sun, although it is a great temptation. If you do, you will be horribly sick. Take it for only a few minutes the first day and lengthen the time a little each day until you are thoroughly tanned. The tropical sun is really dangerous, although you will find it hard to convince your men of that. Incidentally, don't let them forget to take salt tablets or table salt daily, because of the profuse perspiration. If table salt is used, about a teaspoonful a day will serve, altough the amount varies with the degree of heat.

Medical Journals—For Colleagues in Military Service

In former issues, editorial comment was made on a plan to forward medical journals to the Hospital Stations of Army, Navy, and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Postgraduate Activities—in coöperation with the medical libraries of the University of California, Stanford, and the Los Angeles County Medical Association.

The addresses of the three libraries follow:

University of California Medical Library, The Medical Center, Third and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals via "Railway Express Agency," collect, to: California Medical Association Postgraduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California. Railway Express Agency addresses: In San Francisco, at 635 Folsom (EX 3100); in Los Angeles, at 357 Aliso (MU 0261). The "Railway Express Agency" will call for packages and will collect costs from the California Medical Association. The Postgraduate Committee will forward to camps.

Resolutions of Los Angeles County Medical Association: Anent Physicians Eligible for Military Service

The "Bulletin" of the Los Angeles County Medical Association for April 20, 1944, printed the following resolutions:

WHEREAS, The services of Doctors of Medicine are of utmost importance to the approximately thirteen million men who soon will be in military service in the various branches, and

WHEREAS, During the first World War some thirty thousand physicians were on duty with military forces of only four million men concentrated in one zone of operation and today less than sixty thousand physicians are on active duty and serving in all parts of the world, and

WHEREAS, The Navy needs physicians for many distant fields of operation and now will accept physicians between the ages of fifty and fifty-five for limited duty within the continental limits of the United States, and for further service will accept men who in the past may have been rejected for some physical disability, and

WHEREAS, There are some physicians under thirty-eight years of age and physically qualified who are resisting military service and who are purposely or otherwise occupying so-called essential posts, which posts could be filled by older physicians or by physicians who have been rejected by the armed forces because of physical disability, and

WHEREAS, The Los Angeles County Medical Association continuously has urged its members who can qualify for military service to apply for commissions, therefore be it

Resolved: That the Council of the Los Angeles Medical Association urge every member of the Association who has not applied to apply to the Procurement and Assignment Committee, in the Library of the Association, to determine his availability for service; and be it further

Resolved: That the Council views with disfavor all members under thirty-eight years of age who can be replaced by older men, and who are resisting appointment in the armed forces; and that the Council also views with disfavor members of the Association under fifty-five years of age who can and should apply for military service, and who do not so apply.

Social Security Urged to Cover All Workers

Broad Program Sent to Congress Would Include Medical Care and Hospitalization

George E. Bigge, a member of the Social Securities Board, has disclosed that the board sent Congress a far-reaching program which would extend the social security system to include all employed persons, regardless of occupation, and include such additional benefits as free medical care and hospitalization for workers and their families.

Bigge outlined the sweeping recommendations for changes in existing law. Three of the main points follow:

1—Extension of coverage to all workers not now covered.

2—Broadening of benefits to include unemployment insurance, now provided by the States, disability insurance of both temporary and permanent nature, and medical and hospital care for the worker and all members of his family.

3—Costs to be borne by contributions equivalent to 6 per cent of the worker's salary by both him and his employer, a total of 12 per cent, compared to the present total of 4 per cent. The government would pay the entire cost for persons in the armed forces "since their pay is small."

Business and professional men, self-employed workers and others who are on no pay roll would make their contributions on a basis of annual earnings, perhaps as shown by income tax returns.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION†

United Public Health League*

Excerpts from the Washington letter for April follow:

Pursuant to instructions from the Board of Directors, an office of the United Public Health League was opened in Washington, D. C., on March 14, 1944. The purpose of this office is to act as a two-way Information Bureau, serving national legislators from the States making up the membership of the League, and in turn relaying information from Washington to members of the medical profession in those states.

Coöperation Extended:

Representatives of allied groups with offices in Washington have expressed their desire to coöperate with us in every way possible—Dr. Sterling V. Mead, Legislative Chairman of the American Dental Association; Mr. James R. Clark, Director of the Wartime Bureau of the American Hospital Association and Mr. George Frates of the National Association of Retail Druggists.

Mr. Theodore Wiprud, Secretary of the Medical Society of the District of Columbia, has been most helpful and coöperative. Local physicians, whom we have chanced to meet, have been very cordial in their welcome.

Legislators Welcome Office:

As rapidly as possible we have been calling upon members of Congress from the states represented by your League, and upon the physician members of Congress. They have universally welcomed your office. Here are a few expressions:

Idaho.—Senator John Thomas said: "In my opinion it is good business for your group to maintain an office in Washington. I am not familiar with the problems of the medical profession and am glad there will be some place here where I can secure information."

Colorado.—The office of Congressman Chenoweth telephoned to extend best wishes for the new office and to state that he wanted to assist and be assisted.

California.—Congressman Norris Poulson: "You can quote me as saying that you are now doing something that you should have done long ago. You need to be on watch here."

Nevada.—Congressman Maurice Sullivan: "I will most certainly make use of your services when matters arise calling for information in your field."

A Physician Member of Congress.—Dr. A. L. Miller, Congressman from Nebraska, writes: "I am glad to know there is some agency ready to function in Washington which will be in a position to give the members of Congress some necessary information. . . . I hope to have the opportunity of discussing some of the medical legislative problems with you from time to time."

Dr. Walter H. Judd, Congressman from Minnesota, was equally appreciative of your League's action in establishing a Washington office.

* The United Public Health League, 410 Hill Building, 17th and I Streets, Washington 6, D. C., Telephone NAtional 3328. Ben H. Read, Washington Representative. Directors: Dwight H. Murray, M.D., Chairman, California; Parley Nelson, M.D., Vice-Chairman, Idaho; Jesse D. Hamer, M.D., Secretary-Treasurer, Arizona; George P. Lingenfelter, M.D., Colorado; J. LaRue Robinson, M.D., Nevada; Lester A. Stevenson, M.D., Utah. John Hunton, Executive Secretary, 450 Sutter Street, San Francisco.

New Drive for Murray-Wagner-Dingell Bill:

Some Congressmen say that they are able to foretell when a drive is looming on some particular bill, by the trend of their mail. They predict that a new campaign for S. 1161 (The Murray-Wagner Bill) will soon be launched. . . .

One veteran Congressman says it is easy to see the build-up and evidently a great campaign has been carefully plotted to push this bill. . . .

A Tip from a Friend:

In a syndicated article widely published in newspapers throughout the United States on March 12, Fulton Lewis, Jr., drives home some telling facts. Every member of the medical profession should read that article. Mr. Lewis offers his solution in the following words: "The only cure is for the medical profession itself, in its own good way, to do the job, and cure the basic problem . . . the fate of American medicine, and the interest of the American people, hang on the question of who reaches the goal first and gets control of this vast field of medical practice—the medical profession or the politicians. *Judge for yourself how the race is going now.*" If you have not read Mr. Lewis' article we suggest that you look it up and read it and pass it on to your colleagues. (Mr. Lewis' article was printed in California and Western Medicine for April, on page 218.)

One Answer:

On March 20, Congressman George E. Outland of California told the House of Representatives about the California Physicians' Service, which has just completed five years of operation. Congressmen Poulson, Holifield and Rolph of California, and Congressman (Doctor) Judd of Minnesota commented approvingly. Congressman Poulson characterized the California idea as "a practical substitute for socialized medicine."

Summary:

At the risk of too much detail we have presented the above in re the Wagner-Murray-Dingell Bill. This just hits a few of the high spots. There are constantly changing, daily developments here. Repeating the words of some of our good friends in Congress—"*A big new drive for this bill is coming.*

Other Legislation

E.M.I.C.:

A subcommittee of the House Appropriations Committee has been considering the requests of the Labor Department in executive session. These include the budget for the Children's Bureau for the Emergency Maternity and Infant Care program. Through Dr. Judd and Congressman Carter of Oakland, veteran member of the Appropriations Committee, we have secured the information that the committee will hear the public on the E. M. I. C. program some time after the Easter recess of Congress. Practicing physicians have expressed a desire to appear and discuss the actual operation of the program and present their recommendations.

Senator Holman of Oregon, only Pacific coast member of the Senate Appropriations Committee, has been active in trying to arrange time for the committee to hear Dr. Albert W. Holman of Portland (nephew of the Senator) and Dr. Wm. Benbow Thompson of Los Angeles, representing the California Medical Association. The Senator wants to coöperate with the medical profession and says he welcomes coördination of effort here.

It is said that the committee hopes to report this appropriation bill to the floor of the House by May 8. Members of the sub-committee are Congressmen Hare, South Carolina (Chairman); Tarver, Georgia; Thomas, Texas; Anderson, New Mexico; Engel, Michigan; Keefe, Wisconsin; and Andersen, Minnesota.

Chiropractic Army Corps:

On March 30 Congressman Tolan of Oakland, California, introduced H. R. 4533 to establish a "Chiropractic Corps" in the Medical Department of the Army. The Surgeon General would be required to appoint officers in this Corps in the ratio of one officer of the Chiropractic Corps to each one hundred officers of the Medical Department. Grade—second lieutenant. The bill has been referred to the Committee on Military Affairs.

Cultists and Public Health Officer Commissions:

The House Committee on Interstate and Foreign Commerce has under consideration H. R. 3379, a bill to codify the laws of the United States Public Health Service. There are 88 pages in the bill. On page 18 appears the following: "No regulation relating to qualifications for appointment of medical officers or employees shall give preference to any school of medicine." This could be interpreted to mean that chiropractors might be appointed as commissioned officers of the United States Public Health Service. Osteopaths are urging that they be qualified for such appointment under the provisions of this bill. This matter has been called to the attention of members of the committee and is being followed up.

Industrial Health:

H. R. 4371 is a bill to provide for coöperation with State agencies administering labor laws in establishing and maintaining safe and proper working conditions in industry and in the preparation, promulgation and enforcement of regulations to control industrial health hazards. Doctor Miller (Congressman from Nebraska) was a member of the subcommittee which heard this bill and he filed a minority report stating his objections. He has secured a further opportunity to protest provisions of the bill, before the Rules Committee after the Easter vacation of Congress. The bill had been reported to the House calendar for vote and it was only through the vigilance of Dr. Miller that opportunity for further testimony was secured.

Dr. Miller says "this bill would mean that Congress duplicates, through the Department of Labor, what already has been accomplished and is being effectively done by State Departments of Health equipped with the scientific personnel and equipment to do this industrial hygiene work."

When Dr. G. Lombard Kelly and Mr. J. W. Holloway of the A. M. A. were here a couple of weeks ago we offered our full cooperation to the A. M. A. and asked them to make use of our services in any way in which we can assist them.

This bulletin presents a few highlights of information we have been able to gather during the two weeks your League office has been in operation. It is your office; please call upon us for any service we can render to you from here.

Washington Office to be Opened by A. M. A.

The *Ohio State Medical Journal* for April, 1944, referred to the Washington office of the American Medical Association, as follows:

In its February 26, 1944, issue, *The Journal of the American Medical Association* published, on page 583, an article under the heading, "Council on Medical Service and Public Relations Proposes Washington Office for Medical Economic Research."

The article stated that the new Council suggested to the Board of Trustees of the A.M.A. on February 14-15 the establishment in Washington, under the auspices of the Council on Medical Service and Public Relations, of

an office of medical economic research. The following is quoted from the article:

"This office would be charged with the collection of information and statistical data concerning medical care, its distribution, its availability, its costs and its control in various portions of the United States. The information thus collected will be made available to the medical profession through the publications of the American Medical Association, also to the Bureau of Medical Economics of the American Medical Association for its studies of this problem, and to other appropriate agencies interested in the extension of medical service, the provision of medical care and related subjects." . . . Address of the Washington office of A.M.A. Council on Public Relations is 1835 I Street, N.W., 900 Columbia Medical Building, Washington, D. C.

Stripped of verbiage, this means that the American Medical Association is going to establish an office in Washington, unless the Board of Trustees changes its mind which, we hope, will not happen. That office can be an asset or a liability, depending on how much or how little it does, what it does, how adequately it is financed and the kind of personnel that is selected to man it.

It is a real step in the right direction. . . .

Lest the individual physician get the idea that he can now relax because there is going to be an office and a staff in Washington, permit us to warn that those in the ranks still constitute the real nerve center of medical organization. That office will have its limitations. It will not be able to perform miracles. It will not amount to as much as a thin dime unless it receives active support and coöperation from local and state medical societies and from members of the medical profession at large. The chores will have to be done back home by local and state units and by the individual physicians. All the office in Washington, or any other place, can do is to supplement what goes on back home as it will have no choice but to be responsive to the will of the majority of the membership as expressed through action on the part of local and state societies and the H. of D. of the A.M.A.

MATERNITY-PEDIATRIC PLAN OF FEDERAL CHILDREN'S BUREAU*

ITEM XLVII

ITEM XLVIII

E. M. I. C. Program in California

No wife living in California of any man in the U. S. Armed Forces need go without adequate care during the childbirth due to lack of funds, according to Dr. Jessie Bierman, chief of the bureau of maternal and child health, California state department of public health.

She announced that the emergency maternity and infant care program administered by her bureau is now operating in every county in California.

Under the E. M. I. C. program federal funds pay for the care of wives of service men in grades four, five, six and seven during pregnancy, childbirth and for six weeks after the birth of the baby. Medical care is also provided during illness for infants under one year of service men in these grades. Assistance is given as a right, not charity.

On January 31, 1944, California was the third state in the nation in the number of patients accepted for care. Of the 194,686 patients accepted throughout the United States, New York accounted for 18,196, Illinois, 11,712, and California, 11,528. Nearly one-quarter, 3,192, of the cases admitted to the service in California had been completed by January 31. Patients are now being accepted in California at the rate of about 2,500 a month.

"By helping wives of service men in the low paid brackets to meet the costs of maternity and infant care and by maintaining good medical and hospital standards, the E. M. I. C. program accomplishes two major aims," Dr. Bierman said. "It helps save lives of mothers and babies and it relieves fathers who are fighting for their country of part of the worry for the welfare of families left at home."

ITEM XLIX

Illinois Comment on E. M. I. C.

Illinois Medical Journal

Monmouth, Illinois, April 7, 1944

To the Editor:—The Emergency Maternity and Infant Care Program for wives and children of service men in the lower brackets has been in operation in this state for some months. The Illinois State Medical Society through its House of Delegates and the Council, although not approving the idea of federal encroachments on the practice of medicine, felt that there are many deserving cases where the service men are unable to pay for adequate care, and it was deemed preferable to permit physicians desiring to do so, to work under the proposed plan, rather than to ignore it completely and cause additional worry on the part of enlisted men and their families.

At a recent meeting of our Council, a prominent physician who had been endeavoring for months to get the best possible provisions favorable to physicians in the plan to be adopted in Illinois, came in with a carefully written and well-checked statement and attached bibliography and with some definite recommendations which he thought should be of general interest to physicians everywhere.

The Council after reviewing the material, approved same, and instructed the Secretary to send a copy to each of the Editors of State Society Journals, to see what they think of the article and its proposals, and to see if they desire to comment on the subject editorially in the near future.

In accordance with these instructions, I am enclosing the article which I hope you will look over carefully, and make whatever comment on it that you believe are appropriate.

We shall greatly appreciate any comments you have to offer on this subject and if you desire to use any part of the article in your journal, you have our permission to do so.

Yours very sincerely,

(Signed) Harold M. Camp
Editor

EMERGENCY MATERNITY AND INFANT CARE

This program was started in 1941 when the Children's Bureau used some of its unexpended funds in conjunction with the Washington State Health Department. The first special appropriation for this purpose March 8, 1943, made the sum of $1,200,000 available. Later $4,400,000 was appropriated and the program was extended to wives of enlisted men in the first three as well as the last four pay grades. October 1, 1943, Congress appropriated $18,600,000 for the program with an additional $20,000 to the Children's Bureau for administrative expenses in connection with it. This appropriation provided care only for wives of men in the fourth, fifth, sixth and seventh pay grades and for wives of men in the first three pay grades

* Maternity-Pediatric items listed in Roman numerals. California and Western Medicine for July (Items I to XVIII); September, pages 178-182 (Items XIX to XXIII); October, pages 226-231 (Items XXIV to XXX); November, pages 282-284 (Items XXXI to XXXVII); December, page 342 (Items XXXVIII and XXXIX and page 304), January, pages 31-32 (Items XL and XLI); February, pages 76-77 (Items XLII and XLIII); March, page 110 (Items XLIV and XLV); April, page 221 (Item XLVI).

where authorization had been made prior to October 1, 1943.

There was no opposition to the bill, though some physicians would have preferred that the money be paid as a flat grant to the recipient rather than direct to the physicians and hospitals rendering care. An amendment to that effect was offered on the floor of the House and defeated. But there is general endorsement of the idea that the wives of men in these pay grades are entitled to this care. Members of Congress undoubtedly expressed the sentiments of people generally as well as their own in saying this service was not to be regarded as charity nor the women treated as charity patients. Many physicians feel that the program might well be extended to include wives of officers in the lower grades.

Before this appropriation was made, subcommittees of the House and Senate held hearings before which representatives of the Children's Bureau made some interesting statements. Dr. Martha Eliot [1] told the Senate Subcommitte that the Children's Bureau called in its medical, maternity and child-health advisory committee to advise the Bureau in regard to a reasonable maximum fee. This seemed to indicate that the Children's Bureau is guided in such matters by its Advisory Committee. But Dr. Bauer,[2] a member of the Advisory Committee since its organization, said that the decision as to the policies of the Children's Bureau rested with the Bureau and could be influenced by the Committee only as far as the Children's Bureau found the advice of the Committee acceptable. He said that at the first meeting before which this program was discussed the members were instructed to discuss it and to present individual opinions but not to offer any resolutions of the Committee or any recommendations of the Committee as a whole. Only Dr. Eliot could tell whether by her statements she was trying to deceive members of the Committee and Congress.

Miss Lenroot [3] said before the Subcommittee of the Senate: "The Children's Bureau has required the physician to certify, when he sends in an application to the State Health Department, that he will not make additional charges for the care to be received. The reason is that if a physician were in a position of bargaining with the mother that he would get $35 from the State, but in order to give her the care needed he would really charge $100, it would really defeat the purpose of the legislation."

Senator Overton [4] said: "This may be all right, but it certainly smacks of regimentation."

It would be interesting to know on what basis Miss Lenroot made a statement so wide of the truth. Over the coundtry medical societies are saying that they will see that the wives of men in the armed forces get good care regardless of the Children's Bureau. The members of some medical societies prefer to render gratuitous care to the wives and infants of enlisted men rather than accept the dicta of the Children's Bureau.

The salient features of the law read as follows: "Grants to States for emergency maternity and infant care (national defense): For an additional amount for grants to States including Alaska, Hawaii, Puerto Rico, and the District of Columbia, to provide, in addition to similar services otherwise available, medical, nursing, and hospital maternity and infant care for wives and infants of enlisted men of the fourth, fifth, sixth and seventh grades in the armed forces of the United States, under allotments by the Secretary of Labor and plans developed and administered by State health agencies and approved by the Chief of the Children's Bureau, $18,600,000." [5]

The law sets no fee. The Children's Bureau does that.

The law does not say that these women shall be treated in the same way as charity patients or handled by the same facilities. The Children's Bureau sets up those regulations.

The laws says the Children's Bureau shall approve State plans. It does not say the Children's Bureau shall write the plans or set up procedures or conditions obnoxious to physicians who render the care or to State health officers. Most of the latter have the sense and good judgment to try to work in harmony and close cooperation with the medical profession—traits not discernible among employees of the Children's Bureau.

The Children's Bureau was entrusted with the administration of a law and the expenditure of an appropriation to which no one objected. And yet its employees have so managed or mismanaged the matter as to stir up argument, animosity and ill will in all states of which this office has any record. Examples of the ill will and friction engendered by the edicts of the Children's Bureau and the activities of some of its employees are shown in quotations from various men and states.

Foster [6] noted that many physicians question the sincerity of purpose in this program and that they suspect sharp practice in the wholesale premature publicizing of the program to the thousands of service men in camps before the matter was presented to the necessary purveyors of the services, the doctors. . . .

There seems no reasonable doubt that employees of the Children's Bureau deliberately attempt to embarrass and discredit the medical profession before the public and use funds appropriated by Congress to further their own peculiar views regarding medical practice.

In Illinois the Council gave its approval to the program in principle. The first allotment was in the amount of $10,000. The law provides that the state's health agency shall develop and administer plans approved by the Children's Bureau. But Dr. E. F. Dailey [7] presented a plan having what was referred to as a "clinic section" which provided that these women should go to free clinics if they so elected. This was regarded as a violation of the spirit, if not the letter, of the law. It was opposed by the Chicago Medical Society and the Illinois State Medical Society on this basis and the further consideration that such a procedure would constitute an invasion of the field of private practice by the clinics. Furthermore, such a procedure would result in forcing non-charity patients into charity institutions and would crowd out of these institutions the indigent for whom they are presumably operated. . . .

As far as can be determined now, this matter has been in the hands of three persons: Doctors Daily and Eliot and Miss Lenroot. It is utterly ridiculous that three persons with control of less than $25,000,000 of the taxpayers' money should have been able to impose their peculiar ideas on the medical profession and the health departments of the various states and territories.

The moral, if any, of this is that there are several points from which similar problems may he attacked in the future. We may oppose the passage of laws inimical to the public good. We may ask Congress to assign the administration of laws to some other bureau that has not already demonstrated its complete lack of desire to cooperate in a friendly spirit with the persons who are to render the care. We should, in our own interest and in the interest of the public, appoint a nationwide committee that would offer its advice and coöperation to any bureaucrat having a medical care program to administer. The A. M. A. should possess somewhere in its organization the framework of such a committee. Could not the Council on Medical Care and Public Relations, whenever a medical care program is authorized, immediately call a meeting of representatives of all state and territorial medical societies and departments of health to which the bureaucrat having supervision of the plan

would be invited? He could hardly refuse to meet such a group. In such a meeting points of difference could be adjusted and a nationwide policy adopted. Most federal bureaucrats are undoubtedly high-minded, earnest citizens acting in good faith and with a sincere interest in administering the programs entrusted to their care in the best possible manner. No one seems to have credited the employees of the Children's Bureau with such motives.

Finally, members of the medical profession who are employees of a federal bureau should be held accountable for their acts before their own local medical society. Undoubtedly the high-handed unreasonable attitude of employees of the Children's Bureau has been responsible for a tremendous waste of time by busy physicians who had many other and more important things to do than to try to adjust themselves and their medical confreres to the whims of such employees.

REFERENCES

1. Eliot, Martha D.: Additional Appropriations for Emergency Maternity and Infant Care for Wives of Enlisted Men in the Armed Forces, Fiscal Year 1944, Hearings before the Subcommittee of the Committee on Appropriations, United States Senate, 78th Congress, First Session on H. J. Res. 159, p. 13.

2. Bauer, W. W.: Organization Section, The Federal Plan for Providing Obstetric and Pediatric Care for Wives and Infants of Service Men. J. A. K. A., 124: 173-174, Jan. 15, 1944.

3. Lenroot, Katharine F.: Hearings before the Subcommittee of the Committee on Appropriations, United States Senate, 78th Congress, First Session on H. J. Res. 159. p. 15.

4. Overton, John H.: Hearings before the Subcommittee of the Committee on Appropriations, United States Senate, 78th Congress, First Session on H. J. Res. 159. p. 15.

5. Public Law 156—78th Congress, Chapter 253—1st Session (H. J. Res. 159).

6. Foster, L. Fernald: The Federal Plan for Providing Obstetric and Pediatric Care for Wives and Infants of Servicemen, The Journal of the Tennessee State Medical Association, 37: j-4, January, 1944.

7. Daily, Edwin F.: Letter on "Maternity Aid" Medical Economics, December, 1943. p. 20.

ITEM L

A Message from the Surgeons General of the Army and Navy to the Physicians of the United States

On March 18, 1944, the Emergency Maternity and Infant Care program for the wives and infants of enlisted men in the four lowest pay grades of the armed forces of the United States will have completed its first year. Approximately a quarter of a million wives and infants will have been given care under the program. More than 90 per cent of this number are wives of enlisted men; nearly 10 per cent are their newborn infants. Medical, nursing and hospital care is being made available in army and navy installations where it does not interfere with the care of the soldier and where it can be given without increasing existing facilities. Whatever other care is available in the place where the wife and infant are living is being given through the civilian authorities.

Physicians the country over are contributing their medical skill to this war-time program generously and in return for moderate recompense. Hospitals the country over have opened their doors to these wives and their infants, making available accommodations where their medical needs can be met adequately, though without luxury care. Nurses the country over are helping in the city and the rural homes and in the hospitals.

All this is being carried out voluntarily by those who are participating in the program. All this is being done in spite of the great shortage of physicians and nurses serving the civilian population—a shortage caused by the entry into the armed forces of thousands of our physicians and nurses.

This program of maternity and infant care for wives and infants of enlisted men is made possible by grants from the Federal Government through the Children's Bureau of the Department of Labor and the State health agencies, for the purpose of relieving anxiety among the enlisted men as to how the costs of maternity care for their wives, or the costs of medical care for their infants, will be met in their absence from home while in the armed forces—when, for a great majority, their family income has been lowered materially. The program carried out by the State health agencies brings assurance to the enlisted men that their national and State governments are doing whatever is in their power to make care available to their wives and infants, that physicians throughout the country are helping.

The morale in the armed forces is being raised and our fighting men go overseas with greater confidence in the security of their families because of this wartime program.

We who are responsible for the health and medical care of the men in the armed forces are grateful to you —physicians, nurses, and hospitals—who are participating in this program of care for the wives and infants of these men. You are sharing with us our normal peacetime responsibility of caring for the families of our men, and so are making it possible for us to give our best efforts to the men themselves.

Your contribution is an invaluable aid to us in the prosecution of the war, and we count on your carrying this program forward in the year to come with the same generous spirit you have shown in the past.

(Signed) Ross T. McIntire,
Vice Admiral, M.C., U.S.N.,
The Surgeon General of the Navy.
(Signed) Norman T. Kirk,
Major General, U. S. Army,
The Surgeon General.

ITEM LI

E. M. I. C. Resolutions of Minnesota State Medical Association

Whereas, The program now in operation for maternal and infant care for wives and infants of enlisted men in the four lower grades is unsatisfactory to the medical profession; and

Whereas, The emergency provisions for the carrying on of the program as now in operation expire June 30, 1944; be it therefore

Resolved, That the Council and House of Delegates of the Minnesota State Medical Association recommend that the medical profession coöperate with the present program until its expiration date on June 30, 1944, but also urge Congress to abandon the program as now constituted on that date; and be it further

Resolved, That under any new program after June 30, 1944, the benefits be designated supplemental aid and take the form of an allotment for medical, hospital, maternity and infant care, similar to the allotments already provided for the maintenance of dependents, leaving the actual arrangements with respect to fees to be fixed by mutual agreement between the enlisted man's wife and the physician of her choice; and be it further

Resolved, That the American Medical Association be urged to present to the appropriate committee of Congress a concrete plan embodying this principle, to the

end that the present and ultimate best interests of the wives and infants of men in service be served during the present emergency.

COMMITTEE ON MEMBERSHIP AND ORGANIZATION

The Los Angeles County Medical Association: Concerning Its Activities

In the "Bulletin" of the Los Angeles County Medical Association for April 20, 1944, Secretary-Editor E. T. Remmen presents the following interesting comments on the activities of the Los Angeles County Medical Association, now a county unit having a membership of 3,216 members:

Almost three quarters of a century ago a few physicians practicing in the village of Los Angeles and vicinity met in the office of one of their number to organize a medical society. Among them was Doctor Joseph Pomeroy Widney, second secretary of the Association, who lived until 1938, dying on July 4, at the age of ninety-seven.

Minutes of the Association's meetings, written in longhand and preserved in the Library, offer an interesting picture of medical problems in those days. Plans are being made to publish a Diamond Anniversary issue of the "Bulletin" to commemorate the date of founding which will include early historical data. Photographs of the Association's officers from its beginning are being gathered, and it is hoped to have a complete set properly mounted and displayed before the end of this year.

The little group of founders could hardly have dreamed of the growth which was to follow. The Association's membership now totals 3,216; of these 2,234 are presently active in civilian practice. Members on military leave of absence number 797. There are 150 retired members and thirty-five who are on ordinary leave of absence. Only active members pay dues. Three physicians, including Dr. Widney, have been elected to honorary membership. About two-thirds of the members practice within the city limits of Los Angeles.

The Association is in excellent financial condition. It owns valuable income producing real estate, possesses substantial reserves in cash and securities, and has no debts, secured or otherwise, other than current expenses which are promptly paid when due. Financial statements in the Secretary's office are always open to the inspection of any member.

The Library should be a source of pride and of great benefit to every member. Beautifully housed, it possesses about 55,000 volumes, including files of most important periodicals. Miss Hazel Granger, librarian, and her staff of four assistants—Frances Glaeser, Amelia F. Weisling, Ruth Browning and Robin McIntosh—did almost four thousand more pieces of research work for members in 1943 than in any previous year, despite the number of doctor-patrons in military service and the fact that library hours were shortened to conserve help. Telephone calls to and from the library in 1943 exceeded those of the previous year by 1,600, and one thousand more letters were written by the librarians. The library has served fifty military camps. It has loaned to them 1,500 periodicals and given 10,000 periodicals outright.

The secretary-treasurer's office employs seven persons, including Mr. Stanley K. Cochems, the executive secretary. As his title implies, Mr. Cochems, under the direction of the secretary-treasurer, supervises the many and varied details of the office, the library and the Permanent Quarters building. Dues must be collected, membership cards issued, bills paid, a file maintained for every member, programs and dinners arranged, minutes of meetings kept and hundreds of inquiries by telephone and letter answered. In addition Mr. Coshems, as managing editor of the "Bulletin," aided by Mr. Fitzgerald, obtains advertising contracts and directs the make-up, typography and mailing of the "Bulletin" twice a month. Responsibility for the contents of the "Bulletin," however, rests upon the secretary-treasurer. Mr. Cochems has been invaluable to the Association, not only in the capacities just mentioned, but for his outstanding ability as a speaker over the radio and at innumerable public gatherings. The headquarters staff also includes: Mary F. Thomas, Kass Genter, Mabel Robinson, Louise Kalinich, Margaret Eggerts, Louise Kirnig, Mr. E. E. Fitzgerald; also Charles Burbee and Henry Zimmerman who care for the buildings. All in all the Association employs twenty-one persons.

No elected officer of the Association receives any monetary compensation.

Another interesting unit of the Association is the Milk Commission at present composed of Doctors John P. Nuttall, Oscar Reiss, Philip Stephens, H. P. West and E. Earl Moody. The Commission maintains a laboratory which employs five persons. Dr. C. W. Bonynge is director of the laboratory, which supervises the quality and cleanliness of all milk sold under the trade-mark, "Certified." Each dairy using the certified label must conform to the exacting standards set up by the Milk Commission. The Milk Commission also employs a medical examiner, Dr. G. D. Ruth, and a veterinarian, Dr. J. J. Hird. A safe and dependable supply of milk for invalids and children has thereby been assured.

The Association has expended more than four thousand dollars since July 1, 1943, for the expenses of the County Committee on Procurement and Assignment. This includes the salary of one full-time employee. The Committee has considered the availability of 2,116 physicians in the county, of whom 1,414 have been inducted and 720 rejected. Sixty-nine doctors have returned from service and two hundred have been located in areas needing physicians. A resolution by the Council concerning young, able-bodied doctors who are resisting induction into the service on the plea of essentiality appears elsewhere in this issue. Members of the Committee are: Doctors Clarence J. Toland, William H. Kiger, Wayland A. Morrison, Maurice Kahn, Fred B. Clarke, John P. Nuttall, John Dunlop, F. C. Swearingen, William M. Gibbs, Douglass R. MacColl, William H. Goeckerman and Kenneth Ruedy, dentist.

Much of the Association's work is done by some twenty-five committees whose rosters are published from time to time. During the past year the Committees on Gasoline and Food Rationing, Medical Defense, and Hospitals have been especially active. In most instances those who serve on these committees are making a really great sacrifice of time and effort in these days when everyone is already overworked. The gratitude of our members is owed to them all.

The Association's greatest handicap is the vast area over which its membership is dispersed. Although the British Empire has its headquarters at London the actual empire is far away. Likewise, our Association, with its eleven branches and twelve sections, at times seems far removed from 1925 Wilshire Boulevard. Important and well advertised programs at the headquarters auditorium have been attended by as few as thirty persons, while branch meetings sometimes attract large crowds. The

officers would greatly appreciate better attendance at the General Meetings. However, if this is not practicable and if branch and section meetings are more convenient, the same ends can nevertheless be attained if the "Bulletin," as soon as paper restrictions are lifted, becomes the medium through which members may share in those programs they cannot attend.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (71)

Alameda County (8)

Berlin, Harold D., *Oakland*
Coleman, LeGrand L., *Oakland*
Farnsworth, Stanford F., *Oakland*
Hatschek, Otto, *Oakland*
McKenney, James A., *Oakland*
O'Connor, Andrew F., *Berkeley*
Ruschin, Louis J., *San Leandro*
Sanborn, Courtland R., *Oakland*

Butte-Glenn Counties (2)

Cress, Peter J., *Chico*
Walker, W. H., *Willows*

Contra Costa County (3)

Lawrence, Virginia *Richmond*
Osorio, Vasco M., *Lafayette*
Pontier, J. J., *Richmond*

Fresno County (1)

Yahn, George W., III, *Fresno*

Inyo-Mono Counties (1)

Wilson, Walter, *Bridgeport*

Kings County (1)

Mraz, Gerald L., *Hanford*

Los Angeles County (30)

Beaghler, H. Edward, *San Diego*
Brazda, Ctimir Silas, *Los Angeles*
Chapman, John Andrew, *Lomita*
Cogswell, Charles H., Jr., *Pasadena*
Colburn, Bruce A., *Burbank*
Cole, Seymour L., *Los Angeles*
Faust, Joseph M., *West Los Angeles*
Frankel, George W., *Beverly Hills*
Frick, Donald Jackson, Jr., *Los Angeles*
Gehrand, Henry C., *Pasadena*
Hayes, James Martin, *Los Angeles*
Healey, Mildred M. T., *Los Angeles*
Jones-King, Kathleen H., *Los Angeles*
Kolisch, J. M., *Girard*
LaFrance, Charles T., *Redondo Beach*
McLarand, Kenneth Carl, *Santa Monica*
McNiel, Edwin Ewart, *Los Angeles*
Merillat, Irene S., *Glendale*
Miller, Theodore Earl, *Pasadena*
Mulvehill, William, *Beverly Hills*
Packard, Louis A., *Los Angeles*
Parker, Rose H., *West Los Angeles*
Rubin, Paul Selig, *Los Angeles*
Senelick, Marius D., *South Gate*
Swan, Alfred Hjalmar, *Montebello*
Sweeley, Merle E., *Santa Monica*
Tillmans, Victor C., *Los Angeles*
Turner, Charles Try, *Los Angeles*
Warren, Earle W., *Pasadena*
Weiner, Morris, *Long Beach*

Napa County (1)

Miller, Theo. K., *Imola*

Orange County (3)

Donaldson, A. Norton, Jr., *Santa Ana*
Herring, James B., *Santa Ana*
Steen, Claude, Jr., *Santa Ana*

Riverside County (3)

Connell, James Albert, *Riverside*
Gills, Willard M., *Corona*
Innocent, George G., *Riverside*

Sacramento County (1)

Moss, George L., *Sacramento*

San Diego County (2)

Lichty, J. M., *San Diego*
Jepson, W. R., *Coronado*

San Francisco County (6)

Master, Anne S., *San Francisco*
Rees, Rees Bynon, *San Francisco*
Schildt, Paul Joseph, *San Francisco*
Schimmenti, John M., *San Francisco*
Steelquist, John H., *San Francisco*
Wienholz, Paul, *San Francisco*

San Joaquin County (2)

Webster, Charles M., *Stockton*
Winick, Benjamin, *Stockton*

San Mateo County (1)

Cutting, Winsor C., *Menlo Park*

Santa Cruz County (1)

Hombach, Leo, *Soquel*

Stanislaus County (1)

Crandall, Frank, Jr., *Modesto*

Tehama County (1)

Wilson, Ethelbert R., *Red Bluff*

Tulare County (1)

Ruminson, W. W., *Dinuba*

Ventura County (1)

Whalen, Walter E., *Ventura*

Yuba-Sutter-Colusa Counties (1)

Giere, Charles Norman, *Marysville*

Transfers (15)

Allen, A. E., from Butte-Glenn County to Ventura County.

Almada, Albert A., from Sacramento County to San Joaquin County.

Bursell, Arvid, from Santa Clara County to Shasta County.

Hirschberg, Edward, from Fresno County to Monterey County.

Huff, Miriam Pool, from Humboldt County to Alameda County.

Larson, S. A., from Fresno County to Contra Costa County.

Lawton, F. B., from Yuba-Sutter-Colusa County to Humboldt County.

Nash, Louis R., from Ventura County to San Bernardino County.

Lord, Cecil J., from Los Angeles County to Riverside County.

Lubin, M. L., from Shasta County to Monterey County.

Rothwell, William T., from Los Angeles County to Riverside County.

Rowe, Melvin J. from Los Angeles County to Mendocino-Lake County.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

Wahrhaftig, Myer J., from Fresno County to Alameda County.

Wilbor, Leom M., from San Francisco County to Riverside County.

Yocom, Frank Willis, from San Luis Obispo County to Los Angeles County.

Resignations

Magee, George R., *San Francisco County*

In Memoriam

Coffey, Walter Bernard. Died at San Francisco, March 25, 1944, age 75. Graduate of the Cooper Medical College, San Francisco, 1889. Licensed in California in 1890. Doctor Coffey was a Retired member of the San Francisco County Medical Society, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

✣

Dye, Willoughby George. Died at Los Angeles, April 1, 1944, age 71. Graduate of Northwestern University Medical School, Chicago, 1901. Licensed in California in 1919. Doctor Dye was a Retired member of the Los Angeles County Medical Association, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

✣

Konigsberg, Jerome. (Captain) United States Army Medical Corps. Died in Sydney, Australia, February 4, 1944, age 36. Graduate of the University of California Medical School, Berkeley-San Francisco, 1936. Licensed in California in 1936. Doctor Konigsberg was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✣

Lilley, Walter E. Died at Merced, March 31, 1944, age 76. Graduate of the Baltimore Medical College, Maryland, 1894. Licensed in California in 1898. Doctor Lilley was a Life member of the Merced County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✣

Moore, John Wesley. (Captain) United States Army Medical Corps. Died in the New Guinea area of the South Pacific, March 10, 1944, age 35. Graduate of the University of California Medical School, Berkeley-San Francisco, 1934. Licensed in California in 1936. Doctor Moore was a member of the Lassen-Plumas-Modoc County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Babinski's Sign.—The one accomplishment that comes immediately to mind when the name of Josef Babinski is mentioned is that of the great-toe reflex bearing his name. This Polish assistant of Charcot contributed greatly to clinical medicine and pathology, and he is justly considered one of the pathfinders in modern neurology. He helped to explain the mechanism and significance of pupillary reflexes in early states of syphilis of the nervous system, vertigo due to ear diseases, aneurysm of the aorta, and lesions of the cerebellum.—Warner's *Calendar of Medical History.*

CALIFORNIA PHYSICIANS' SERVICE†

California Physicians' Service and Its Public Relations

(A series of articles: January, "California and Western Medicine," on page 38; February, page 83; March, page 118; April, page 227.)

As the professional members of California Physicians' Service well know, the C.P.S. commercial program was started without any available background of actuarial data. Indeed, such a background has been found impossible to expect, even after five years of operations, from the records of C.P.S. itself even so little as a year ago. An actuary is now working on the up-to-date records and expects to make progress in the near future.

However, with no experience to go on, no tables of figures to lean on, C.P.S. has had to go its own empirical way, trying this method and discarding that. The management has been well aware of the need of experimenting in order to gain experience but the professional membership as a whole has not been close enough to the operating picture to understand the reasons for some of the changes that have been made in contracts, coverages and the like.

The initial contract issued was a full-coverage contract. The beneficiary member was told in so many words that he could visit his doctor whenever he wished and for any cause. There were, of course, certain exceptions but the gist of the full-coverage contract was essentially that the subscriber could ask for and receive any and all kinds of medical service at the time of his own choosing. This was the type of service for which certain elements of the population were clamoring and it was just this type that C.P.S. offered.

And right here is the first example of how valuable some previous experience might have been in drawing up the original C.P.S. contracts. As estimated before the full-coverage contracts were issued, beneficiary members were believed to be in a position to make about a 7 per cent demand on C.P.S. for service. In other words, approximately 7 per cent of the beneficiary members would make use of the contract service each month. That figure was estimated on the basis of known tables of morbidity, epidemics, seasonal illness, etc.; the ultimate figure was arrived at by estimating the known factors and then adding a fair allowance for unknown factors and for the human trait of wanting to get your money's worth.

But when the contracts were actually put into force it soon became apparent that the beneficiary members were not content to stay with within the 7 per cent monthly estimate of service demand. The demand rapidly grew beyond that point and settled at about 14 per cent. Had such a high figure for service demand been indicated in the original estimates, C.P.S. would never have offered such a service at the level of dues then being collected. But it became apparent, as experience was gathered in the hard way, that the beneficiary members were making sure that they got their money's worth and that they had discovered previously unknown symptoms and conditions.

When the high level of service demand became established, the professional members began to feel the pinch

†Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

in their unit payment checks. More units of service were required, income remained stationary and unit values declined. There came a demand from the doctors for improvement in the unit value, leading to a change in contract terms.

C.P.S. trustees had by this time gained enough experience to point to better ways of accomplishing the objectives of the program and keeping the professional members interested in the plan. They voted to discontinue all full-coverage contracts and to issue in their place either a straight surgical coverage or a two-visit-deductible contract. As old contracts expired, the new ones were issued in their place and about six months ago the last of the full-coverage contracts was retired.

Out of the change in contracts, C.P.S. has definitely realized a higher earning power and a higher unit value payment. Unit values, which had remained at about $1.25 for a number of months, started to increase. First to $1.40, then gradually upward, until a unit payment of $2.25 was made for February, 1944. This represents 90 per cent of full value, which in most instances is a very fair fee for the service rendered.

Also out of the studies of C.P.S. trustees and managers came other findings. It was definitely established that the cost of rendering medical service to women is higher than the comparable cost for men; therefore the dues of women were increased to cover this additional cost. It was also found that the exception of pre-existing conditions in the original contracts had caused an undue administrative problem and had resulted in a distinct loss of good will because of arguments over what was or was not a pre-existing condition. In the newly-issued contracts this limitation was removed. Other changes were also made, either to increase the funds available for payment of professional units or to ease the administrative burden and cost.

As further experience is gained under all commercial contracts issued as surgical or two-visit-deductible coverage, the unit value and the earnings available for payment of units continues to rise. While it is not safe to prognosticate on the basis of limited experience, it appears obvious that either a full unit or something very close to it is bound to result from this type of service. The results to date have definitely been in this direction.

Similar experiences have been gained and countered in the Farm Security Administration and the Housing Project contracts of C.P.S. As experience indicates that C.P.S. must change this or that condition of service, the change is made and the results speak for themselves. Where medical or nursing services make up too large an overhead for one or another Government project, changes in the project program are made as a means of bringing the end financial results into line. In each instance the primary concern of C.P.S. is in rendering an adequate high-grade medical service under terms which are satisfactory to the professional members. The professional members, the doctors, are the first concern of the organization, and the practicing physicians who serve as the administrators of C.P.S. speak with the experience of their own practices.

This space will be devoted next month to a discussion of unit values in their relationship to private practice fees.

American College of Surgeons

An all-day War Session for physicians, surgeons, medical students and hospital representatives of Northern California and Nevada was held under the auspices of the American College of Surgeons on Monday, April 24 at the Hotel Mark Hopkins, San Francisco.

Dr. Harold Brunn, San Francisco, Clinical Professor of Surgery, University of California Medical School, presided at the morning sessions, which opened at 8:30 with the showing of military motion pictures produced for the War Department. From 9:30 to 11:30 experiences in the theaters of war were discussed by Major Clinton L. Compere, Medical Corps, United States Army, Temple, Texas, and McCloskey General Hospital, and Captain John H. Robbins, Medical Corps, United States Navy, San Francisco, and United States Naval Hospital, Treasure Island. From 11:30 to 12:00, "Wartime Problems in Communicable Disease Control" were discussed by Dr. W. P. Dearing, Senior Surgeon, United States Public Health Service, Washington.

The hospital personnel held a separate conference from 9:30 to 11:30 with Dr. F. O. Butler, Eldridge, President-Elect, Association of Western Hospitals, presiding. Wartime hospital problems were discussed by the following: Thomas F. Clark, San Francisco, Executive Secretary, Association of Western Hospitals; F. Stanley Durie, San Francisco, Superintendent, University of California Hospital; Grace Bowley, R.N., San Francisco, Director of Nurses, Children's Hospital; Dr. Clifford W. Mack, Livermore, President; Association of California Hospitals, and Medical Director Livermore Sanitarium; Dr. Edith P. Sappington, San Francisco, Regional Medical Consultant, Children's Bureau, United States Department of Labor, and Dr. Malcolm T. MacEachern, Chicago, Associate Director, American College of Surgeons.

At the luncheon meeting for both groups, Dr. Alson R. Kilgore, San Francisco, Member, California State Executive Committee, American College of Surgeons, presided. Dr. Loren R. Chandler, San Francisco, Dean, Stanford University School of Medicine, discussed "Current Problems in Relation to the Accelerated Program for Pre-Medical and Medical Education," and Dr. Karl L. Schaupp, San Francisco, Chairman, Procurement and Assignment Service, Ninth Service Command, discussed "Current Problems in Medical Manpower for the Armed Forces, Hospitals and the Civilian Population."

Presiding at the afternoon meeting of the medical group were Dr. Thomas F. Mullen, San Francisco, Chairman, Committee on Local Arrangements. The speakers included Colonel John B. Flick, Medical Corps, United States Army, Fort Douglas, and Surgical Consultant, Ninth Service Command; Lieutenant Colonel Russel H. Patterson, Medical Corps, United States Army, San Francisco, and Chief, Surgical Division, Letterman General Hospital; Dr. Rodney Beard, San Francisco, Medical Officer, Pan American Airways, Pacific Alaska Division, and Assistant Professor, Public Health and Preventive Medicine, Stanford University School of Medicine; Dr. John S. Chase, San Francisco, Chief, Eye, Ear, Nose and Throat Service, Veterans Administration Facility; and Captain Robbins and Dr. Dearing.

At the afternoon round table group for hospital personnel, on the relation of government agencies and voluntary organizations to hospitals in the solution of their wartime problems, the conference was conducted by Dr. Benjamin W. Black, Oakland, Medical Director and Administrator, Alameda County Hospitals, and the participants included Marian Alford, R. N., San Francisco, Chairman, Committee on Procurement and Assignment of Nurses; Marguerite L. MacLean, San Francisco, Chairman, Student Nurse Recruitment; Gladyce L. Badger, San Francisco, Director, Nursing Service, American Red Cross; William S. Brines, Washington, Chief, Hospital Section, Government Division, War Production Board; George U. Wood, Oakland, Administrator, Peralta Hospital; J. Philo Nelson, Oakland, General Manager, Hospital Service of California; and Dr. Schaupp, Dr. Dearing, Dr. Sappington, and Dr. MacEachern.

In Los Angeles, the Southern California Chapter of the American College of Surgeons held meetings along similar lines.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association. Session will convene in Los Angeles. Dates of the seventy-fourth annual session, to be held in 1945, Sunday, Monday, May 6-7.

American Medical Association. Sessions will be held in Chicago (not St. Louis) on June 12-16, 1944. (See *The Journal of the American Medical Association,* November 6, 1943, page 644.)

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays:

KFAC presents the Saturday program at 10:15 a. m., under the title, "Your Doctor and You."

In May, KFAC will present these broadcasts on the dates of May 6, 13, 20, and 27.

The Saturday broadcasts of KFI are given at 9:45 a. m., under the title, "The Road of Health."

"Doctors at War":

Radio broadcasts of "Doctors at War" by the American Medical Association, in coöperation with the National Broadcasting Company and the Medical Department of the United States Army and the United States Navy, are on the air each Saturday at 2 p. m., Pacific War Time. Series commenced on January 8, 1944, will run for twenty-six weeks.

Pharmacological Items of Potential Interest to Clinicians*:

1. *Presses Still Roll:* K. Stern and R. Willheim's *Biochemistry of Malignant Tumors* (Reference Press, New York, 1943, $12.00) is reviewed with rich wisdom by M. Shimkin (*Scien. Month.,* 58:243, 1944). Oxford Press offers L. T. More's *Life and Works of the Hon. Robert Boyle,* (New York, 1944, $4.50—but why always the Hon.?) Oxford Press also sells M. G. Mulinos' *Pharmacology* in its outline series and it deserves expansion to a real text (New York, 1944, $4.50). Univ. of California Press announces *Language and Thought in Schizophrenia,* edited by J. S. Kasanin (Berkeley, 1944, $2.00). Lippincott offers A. L. Barach's *Principles and Practice of Inhalation Therapy,* with lots of war applications (Philadelphia, 1944, $5.00). Amer. Asso. Adv. Sci. sells symposium on *Surface Chemistry* for $3.25 (Washington, 1944). Saunders publish J. B. Erich and L. T. Austin's *Traumatic Injuries of Facial Bones* (Philadelphia, 1944, $6.00).

2. *Delayed from Abroad:* S. R. Numans and E. Havinga find that local anesthetics quickly permeate epidural membranes (*Rec. Trav. chim.,* 62:497, 1943). F. Grosse-Brockhoff discusses effects of acute cooling, action of analeptics in, and recommends atropine and lactose in treatment of (*Arch. Exper. Path. Pharmakol.,* 201:417-467, 1943) R. Pulver and H. Martin discuss biochemorphology of N_1 acyl solfonamide derivatives (*Ibid.,* p. 491). A. Szent-Gyorgi discusses chemistry of muscle (*Bull. Soc. Chim. Biol.,* 25:242, 1943). F. K. Cramer and V. G. Foglia show experimental diabetic cataract develops proportionally to degree of hypoglycemia after pancreatectomy (*Rev. Soc. Argentina Biol.,* 19:483, 1943). L. E. Napier and P. C. S. Gupta reveal that massive non-physiological hemolysis occurs on giving hemolytic serum (*Ind. J. Med. Res.,* 31:75, 1943). A. C. Roy shows fragility of erythrocytes in hypotonic solution varies inversely with average diameter and that surface tension plays secondary role in hemolysis with hemolytic agents (*Ibid., pp.* 103 and 109). Wm. Evans well reviews triple heart rhythm (*Brit. Heart J.,* 5:205, 1943).

3. *New Journals:* Plushily sleek, why restricted? *Air Surgeon's Bull.* appears with fancy drawings and layout: March issue containing C. E. Kossmann's article on responses of body to cold, and F. E. McDonough's management of air-sick aviator. C. C. Thomas hits *Time* with *Journal of Neurosurgery,* opening properly with G. Horrax's account of Harvey Cushing's contributions to neurosurgery, and F. D. Ingraham and O. T. Bailey's notes on finbrin foams as hemostatic agents and fibrin films in repair of dural defects without adhesions.

4. *Neurophysiology:* A. Shapiro & Co. find plasma clot tensile strength in nerve saturing proportional to cross section of tubes in which formed (*J. Lab. Clin. Med.,* 29:282, 1944). E. J. Carey continues remarkable

† In the front advertising section of *The Journal of the American Medical Association,* various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged.

* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

studies on ameboid motion and secretory activity of motor end plates, now describing drug effects (*Amer. J. Path.*, 20:341, 1944). S. W. Kuffler shows that deficient calcium first increases sensitivity of motor end plates and then blocks, while excess depresses by lowering electrical excitability of muscle fibers near end plate (*J. Neurophysiol.*, 7:17, 1944). G. H. Bishop describes peripheral unit of pain (*Ibid.*, p. 17). F. N. Craig reports important study on effect of carbon dioxide tension on metabolism of brain and medulla (*J. Gen. Physiol.*, 27:325, 1944). W. Ashby correlates carbonic anhydrase with functional levels of central nervous system (*J. Biol. Chem.*, 152:235, 1944).

5. *Chemotherapy:* N. M. David, N. Phatak and F. B. Zener give much needed report on toxicity and absorption of di-iodo-hydroxyquinolin for amebiasis (*Amer. J. Trop. Med.*, 25:29, 1944). W. H. Feldman & Co. (*Am. J. Med. Sci.*, 207:290, 1944) confirm M. I. Smith et al (*J. Pharmacol. Exp. Therap.*, 74:163, 1943) that 4, 4′ diamino-diphenylsulfone successfully combats expt. TB without undue toxicity. E. F. Geever warns that skin eruptions in sulfadiazine therapy are dangerous (*Ibid.*, p. 231). E. Bigg & Co. describe use of glycol vapors for bacterial control of large spaces (*Ibid.*, p. 361). E. C. Hoff and C. Yahn find dilantin may reduce decompression convulsions (*Am. J. Physiol.*, 141:7, 1944). T. A. Loomis & Co. find sulfanilamide is excreted in humans by glomerular filtration plus tubular reabsorption (*Ibid.*, p. 158). Reviving ancient Egyptian use of garlic, leeks and onions for wounds as in Hearst Medical Papyrus prescriptions 23, 95, etc., B. Tokin, I. Toropsev & Co. review plant bactericides (*Am. Rev. Soc. Med.*, 1:251, 1944). L. P. Garrod, A. Fleming, E. Chain, M. E. Florey give best review of penicillin (*Brit. Med. Bull.*, 2:1, 1944).

New Medical Appointments by Governor Earl Warren.—On April 28, 1944, Governor Earl Warren announced the following appointments:

California State Board of Medical Examiners:
Anthony B. Diepenbrock, M. D., San Francisco.
Joseph Zeiler, M. D., Los Angeles.

California State Board of Public Health:
Elmer Belt, M. D., Los Angeles.
Harry Henderson, M. D., Santa Barbara.

Mare Island Hospital Chief Is Given Award For Artificial Arm.—Captain H. H. Kessler, United States Naval Reserve, chief of the orthopedic department at the Mare Island Naval Hospital, will receive a $1,000 American design award for his work in developing a naturally functioning artificial arm.

Captain Kessler, a native of New Jersey, was working in the field of rehabilitation before being called to active duty in December, 1941.

He went to New York City on April 20th to receive the award.

West's First Public Health School Opens at U. C.—The first school of Public Health west of the Mississippi has been established on the Berkeley campus of the University of California, it is announced by President Robert G. Sproul.

With Dr. Walter H. Brown, chairman of the department of hygiene as acting dean, the school was set up by the Board of Regents after the State Assembly passed a bill appropriating funds. It is an answer to the intensified wartime demand for well-trained personnel to fill the depleted staffs of county health offices in California and other western states, which fear a shortage of facilities for meeting serious public health dangers.

Planned as a University-wide undertaking using resources of all campuses, the school is being organized as a coöperative enterprise, involving the participation of several other schools and departments, including the fields of medicine, medical research, education, nursing, home economics, and sanitary engineering. The department of hygiene will be renamed the department of public health and function as part of the school.

Provision for courses and curricula on both undergraduate and graduate levels is contemplated, and plans will be developed regarding graduate training of health officers, epidemiologists, public health engineers, industrial hygienists, and other specialists.

The first official activity of the school will be a special training course for sanitarians to meet the needs of the State Department of Health in the war emergency.

National Health Honor Roll: California Awards.—Award of the 1943 National Health Honor Roll to 53 city and county units has been announced recently by Eric A. Johnston, president of the United States Chamber of Commerce, which with the American Public Health Association, sponsors this nation-wide merit award program for community health advancement.

Awards were made by a committee of leading national authorities who had spent weeks grading the reports of the participating communities throughout the United States. The committee's decisions were based on attainments of high standards of excellence in protecting public health in war-time. Emphasis was placed on specific measures to control communicable diseases such as venereal diseases, tuberculosis and children's diseases. Sanitation, including protection of milk and food supplies; proper safeguards in maternity care, child health and welfare; effective health education; adequate industrial health programs and other health services were also given primary consideration in making the awards. . . .

Mr. Johnston, in commending the winning communities, as well as all those which participated in the program, said:

"This achievement deserves the highest praise and support and reflects great credit on the health officers, officials, voluntary health organizations, chambers of commerce and other business and civic groups in these localities for giving adequate attention to the war-time health of war workers and citizens. The stresses of this war, the shortage of manpower and the large percentage of those rejected by Selective Service have made us realize as never before that illness and disability are a serious drain on America's productive capacity. We now know that our annual loss on account of illness and disability is at least a billion man-days and a staggering financial burden of at least ten billion dollars—a tax which everybody pays and nobody gets."

California was listed with the 53 winning cities and counties which will be awarded engraved plaques as follows:

California: Los Angeles County, Pasadena, San Jose, Santa Barbara County.

Diphtheria in California.—The Bureau of Epidemiology of the California State Department of Public Health on April 21, 1944, issued the following bulletin:

"In California during the month of February, 1944, 15 individuals died of diphtheria. Eleven of the 15 had not reached their sixth birthday! This is an excellent illustration of the need of urging parents to have their children immunized against diphtheria. During the same month 118 cases of diphtheria were reported—a fatality rate of 12.7 per cent."

American Urological Association.—The Western Section of the American Urological Association will hold its annual meeting in San Francisco on Friday-Saturday, June 2-3, 1944. Headquarters will be at the Sir Francis Drake. Information concerning the meeting may be secured from the secretary, Dudley P. Fagerstrom, M. D., 710 Medico-Dental Building, San Jose.

Municipal Health Service System of San Francisco.—The Municipal Health Service System of San Francisco completed its fifth year of operation under Plan I on September 30, 1943. For five years the city and school employees had provided themselves with medical protection through an organization established under the city and county charter as a department of the municipal government.

About 10,000 employees of the city and school departments have participated in the System each year since the medical benefits became available. In addition, about one-third of them have maintained membership for their dependents. Membership of dependents and other voluntary members has averaged about 5,000 subscribers each year. The 15,000 persons so protected have had access to the best medical services and facilities in San Francisco.

A total of $477,000.55 was contributed to the funds of the System by the city and school employees for doctor, hospital and auxiliary medical care for themselves and their dependents during the 12-month period ending September 30, 1943. The average employee membership was 9,918 per month. Membership receipts for this group were $327,119.40. The membership rate for employees was $2.50 per month for the first two months of this period and $2.80 per month for the last ten months of the year.

Kenny Treatment in Poliomyelitis.—"The Kenny concepts of poliomyelitis have not been substantiated by recent observation and study, and Kenny's ideas have added nothing that was not already known about the disease," Dr. William H. Northway, assistant professor of medicine (physiotherapy) in the Stanford University School of Medicine, recently declared in a lecture at Lane Hall in San Francisco.

His talk on "The Treatment of Poliomyelitis" was the first of the annual series of popular medical lectures given by Stanford.

"The Kenny treatment of the symptoms has certain advantages over some procedures used in the past," Dr. Northway conceded, "and her routine of muscle training is very useful."

Dr. Northway declared that "there is no known specific treatment for poliomyelitis. Treatment is therefore directed toward relief of the acute symptoms of pain and muscle spasm, and the rebuilding of muscle power after the disease has run its course.

"Medical practice has much to offer the victim of poliomyelitis through the coöperative effort of the neurologist, orthopedist and physical therapist. No cult, schism or fanaticism has a place in the treatment of this disease."

Civilian Hospitals to Get Penicillin Quota.—A nation-wide system for limited distribution of penicillin to civilians has been announced by the War Production Board.

Under the system, supplies will be channeled to more than 1,000 depot hospitals.

An "Office of Civilian Penicillin Distribution" has been established in Chicago at the W.P.B. regional office to carry out the distribution.

Depot hospitals will be expected to recognize the requests of other hospitals in their areas and to furnish penicillin to the best of their ability when a need has been established.

Blue Cross Hospitalization Service.—More than 2,000 employed subscribers and dependents have been added to the membership of Sacramento's Blue Cross Plan, Intercoast Hospitalization Insurance Association, during the first quarter of 1944, according to P. A. Stitt, local executive director in Sacramento.

Blue Cross Plans are non-profit organizations and hospital service to subscribers is guaranteed by the participating hospitals. They operate under the public welfare and insurance departments of the various states and provinces and according to an approved program of the American Hospital Association based upon 14 community service and public welfare principles.

Voluntary membership in these community and state-sponsored plans is now available to 90 per cent of the American population.

Wartime Population Accessions in California.—Largest war-stimulated population increase in any metropolitan area between April 1, 1940, and November 1, 1943, occurred in Los Angeles, the Office of War Information recently announced in summarizing reports and estimates on population changes from several Federal agencies.

The statement, which is more up-to-date than recent figures from the Census Bureau, said the influx into Los Angeles totaled 378,292 persons during the three-and-one-half-year period.

Movement of war workers brought "a marked redistribution of population," the O.W.I. said in analyzing information collected by the Census Bureau, War Manpower Commission, Selective Service System and War Production Board.

The most significant shift was away from the Northeast Atlantic area and into the West Coast States. California gained a total of 1,013,629 persons.

Close relation between war production and population increases was emphasized by the study.

Los Angeles ranged sixth in the list of areas with most government-financed production facilities, and third on the combined basis of contracts and facilities.

The table showed various government agencies have put $413,881,000 into Los Angeles for factories and other production facilities. Commitments for San Francisco-Oakland amounted to $477,990,000 and for San Diego to $191,239,000. Chicago headed this list with Detroit second.

While Los Angeles had the largest numerical increase, several other California areas showed larger percentage gains. Inyo County population rose 122.7 per cent; Modoc County, 63.7 per cent; San Diego County, 42.9 per cent; the San Francisco area (Contra Costa, Solano, Marin, San Mateo and Alameda counties), 26 per cent, and San Joaquin County, 13.1 per cent. The gain in the Los Angeles city area was 13 per cent, with Orange County increasing 17.2 per cent and Los Angeles County 12.8 per cent.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Dr. Ray L. Wilbur Heads Baruch Medical Endowment

New York, April 27.—The sum of $1,100,000 was given today by Bernard M. Baruch, financier and philanthropist, for teaching of and research in physical medicine.

The gift is intended as a tribute to the memory of Mr.

Baruch's father, the late Dr. Simon Baruch, a surgeon of the Confederate Army who subsequently turned his attention to the healing powers of sun, water, air, heat and other agents embraced in the field of physical medicine.

The nation's wounded fighting men will be among the first to benefit from the Baruch gift. Some of the money is earmarked for immediate use in connection with rehabilitation of the war wounded.

The grants were made on the recommendation of a committee appointed by Mr. Baruch last October to study the subject and report to him. Dr. Ray Lyman Wilbur, Chancellor of Stanford University and chairman of this committee, becomes chairman of an administrative board for the gift. . . . —San Francisco *News*, April 27.

Proposed Medical Bill Is the Height of Folly, Says Grange

Last June, Senators Robert F. Wagner of New York and James Murray of Montana introduced a bill, S.1161, commonly known as the Wagner-Murray Bill. This measure proposes to raise annually by taxation, mostly from payrolls, approximately $12,000,000,000. Of this sum, an amount estimated at $3,048,000,000 is to be allocated to provide medical care by the government.

The bill proposes placing in the hands of one man, the Surgeon General of the Public Health Service, the power and authority to:

1. Hire doctors, possibly all doctors, at fixed salaries to provide medical service;
2. Designate which doctors can be specialists;
3. Determine the number of individuals for whom any physician may provide service;
4. Determine arbitrarily what hospitals or clinics may provide service for patients.

The title of the bill reads like a quack medicine advertisement. The measure contains 89 proposed amendments to the Social Security Act. If this bill should ever pass—which God forbid—the entire country would be hopelessly mired in the Dismal Swamp of state socialism.—National Grange Clip Sheet.—Sonoma *Index-Tribune*, March 24.

Government Control a "Disaster"

Socialized medicine would mean greater security for doctors. Therefore, the medical profession, in opposing socialization, is not grinding the ax of personal gain. This is hard for medical critics, who think comfort is the millennium, to understand.

Doctors oppose government domination of medicine for two reasons: First, because it would lower medical standards and bring about inferior medical service to the people. Second, because, as American citizens with a background of freedom and individualism, they have no alternative but to oppose any measure which they feel is a threat to American institutions and constitutional government. Socialized medicine, like socialization of industry, would hasten the end of freedom in this nation.

The doctors have been accused of selfishness and blind conservatism in their battle against government medicine. If they were selfish they would not be killing themselves trying to maintain the health of the nation during the present crisis. They are far from blind conservatives, because more than anyone else, they come into contact with misfortune and death. They are working constantly to broaden and improve medical care. Some measure of their success is indicated by the fact that the span of life in the last century-and-a-half has been increased from 35 years to 62 years—almost doubled.

The attitude of physicians on the issue of socialized medicine has been well described by Rear Admiral Ross T. McIntire, the president's personal physician:

"It is my hope," he said, "that we shall never see medicine subsidized by the government. I hope that the time never comes when the practice of medicine or anything that has to do with it comes under government control. It would be a disaster to this country. . . ."—Red Bluff *News*, March 11.

The American Way

Health Freedom Versus Health Security

By George Peck

An editorial by Roy R. Downer, editor of the Cedar Rapids, Iowa, "Tribune," a Labor and Independent Republican weekly newspaper, strikes us as being the best of the thousands of editorials that have been written regarding the Wagner-Murray bill. It calls no names; it slings no mud: but it is packed full of common sense and sound logic. We quote it in full below. It needs no amplification. The rest of this piece is Mr. Downer's:

In all the large plans of the Henry Wallace type that have been hatched in Washington—and a new one breaks through the shell every week or so—the promoters are inclined to use the words "freedom" and "security" interchangeably, as if they meant practically the same thing. Brother, there's a world of difference!

The difference is well illustrated by something that happened in a great industrial plant in a neighboring state some years ago. It was a non-union plant—in fact anti-union; its management used all the tricks to prevent the employees from organizing. Management built a recreation hall for the employees, with a gym and showers and game room; built a library; hired a full-time doctor and nurses to care for the workers and their families, free of charge.

Management tried to show it was a big and generous father, giving its workers more security than any union could.

But the workers said take 'em away: said they didn't want free baths and free books and free medicine.

"Give us a fair wage," they said, "and then we can take the kind of recreation we choose, and buy the books we like, and build our own showers, and call the doctor of our choice."

These workers knew—and every worker ought to realize—that the benefits that are handed out by somebody else (though actually paid for by deductions from the worker's own pay envelope), are security at the expense of freedom. The lifer in the penitentiary has that kind of security.

The natural tendency is, when government or employer offers you something you desire, to take it and be grateful: but that's the shortsighted view. Since you are paying for it (government hasn't any money but that which it receives from your labor, neither has an employer), why not buy it directly? That way, and that way only, your money will purchase exactly what you want it to.

Government medical care in particular, as proposed in the Wagner-Murray bill now pending in Congress, would be health security (maybe!) at the expense of one of the most natural and necessary of all freedoms: the freedom to pick your own friends and advisers.

State medicine wouldn't be as efficient as private medicine, and you can bet your bottom dollar on that. And in the field of medicine, inefficiency means the loss of life—maybe your child's. This shortcoming wouldn't be due to the appointment of second-rate doctors as the official practitioners, but to the inherent inefficiency of red-tape methods and the attempt to make application blanks and report forms take the place of personal, friendly, face-to-face contacts.

Your private doctor is your friend: that has always been the relationship between physician and patient in America, and as a result we have the best medical service in the world. Would a government doctor be your friend? He couldn't if he wanted to be: there would be rules to govern his conduct toward you, keeping the relationship on a strictly impersonal basis. It would have to be that way, otherwise government medicine would bog down before it got started.

State medicine—health security—they sound good: but they wouldn't be so good.—Coalinga *Record*, March 21.

Social Security Held Means of Paying Due Debt

"Social security is a gadget added under modern economic conditions to the system of individual initiative and private enterprise to make them work smoothly."

Such is the definition of George E. Bigge, member of the Social Security Board, Washington, and erstwhile University of Michigan economist.

He was the speaker yesterday at a Town Hall meeting in the Biltmore, rebutting the address there of a week ago. . . . —Los Angeles *Times*, April 25.

Ruling on Optometry Practice.—Persons who are not registered optometrists and who are not licensed to practice optometry may not practice this profession, Attorney General Robert W. Kenny stated in opinion NS5376. Request for Kenny's ruling came from Harry E. Goodman, President of the State Board of Optometry, Los Angeles. Kenny stated that the Legislature had provided definite qualifications for the licensing of such persons, and that a violation of this law would subject them to penalties as provided under the Business and Professions Code. Kenny's attention had been called to the fact that during recent months the State Board of Optometry has been faced with the problem of lay persons practicing this profession under the employ of registered optometrists.

MEDICAL JURISPRUDENCE†

Workmen's Compensation: Collection of Fee from Patient

In *Credit Bureau of San Diego v. Johnson*, 61 A.C.A., Sup. 545, the Appellate Division of the Superior Court of San Diego was presented with the question of whether a physician, rendering services to a patient who was injured in an industrial accident and therefore entitled to benefits under the Workmen's Compensation Law, could collect directly from such patient a fee over and above that paid to the physician by the employer's compensation insurance carrier. The Court held that where there was a contract with the patient for such fee, it could be enforced.

The patient, fire chief of Oceanside, received a head injury in an accident while responding to a fire call. The City of Oceanside carried compensation insurance and the carrier accepted liability so that no proceedings were had before the Industrial Accident Commission.

The accident was witnessed by the patient's family physician who took the matter in charge, diagnosed the case as skull fracture and called in another physician, a specialist in brain surgery. The patient lapsed into unconsciousness before the specialist arrived. Upon his arrival, the specialist advised that an immediate operation was necessary and this operation was performed with the consent of the patient's wife and with the assistance of the family physician.

At the trial of the case, the specialist testified that he was advised by the family physician at the time of his arrival at Oceanside that he was being called to care for the case as private employment and that the patient's wife had asked him to take care of the patient as a private case and that he would be paid accordingly. There was a conflict as to this evidence. It was unquestioned, however, that several weeks after the accident and after the patient had so far recovered as to be able to discuss the case with the specialist, there was a conversation between them in which the physician stated to the patient that in view of the operation and the type of the case, a fee of $1000.00 would be reasonable. The patient replied in substance that such a charge in his opinion was reasonable and would be satisfactory. They also discussed the schedule of fees allowed by the Industrial Accident Commission and mutually agreed that for this case they were too low. The patient said in substance that he would see that $1,000.00 was paid.

The specialist collected from the employer's insurance carrier an amount aggregating $481.48. The balance of the $1,000.00 charge was assigned to the plaintiff, Credit Bureau, and suit was filed against the defendant patient. A Municipal Court judgment was rendered in favor of the plaintiff and defendant appealed. On appeal, the contention was made that the Workmen's Compensation Act afforded a complete and exclusive manner and procedure of adjusting all controversies between an injured employee and his attending physician and that the Industrial Accident Commission rather than the courts had exclusive jurisdiction over such controversies.

The Court ruled that as between an injured employee and his employer or insurance carrier, the Workmen's Compensation Act provides the only remedy. However, in the words of the Court: "The right to make lawful contracts are rights enjoyed by the citizens and under the protection of the Fourteenth Amendment of the Constitution of the United States"; here, the Court said, the brain specialist was proceeding with the knowledge and approval of the wife of the injured employee and was by implication, if not by express terms, proceeding under contract with the patient.

After partial recovery of the patient and when he was in a mental condition to contract, he had agreed with the specialist that the schedule of fees provided by the Industrial Accident Commission was inadequate for the services rendered. The Court ruled that in spite of the fact that this agreement was made after rendition of services, it became a legal, binding obligation upon the part of the patient. The Court referred to Section 4605 of the *Labor Code*, providing that an employee should have the right at his own expense to consult any physician he desires. It then rejected the contention that the Industrial Accident Commission had sole jurisdiction over a controversy such as this, stating that a contract to pay for medical services should be treated as any other contract in accordance with the constitutional rights of the parties. The Court held the fact that the surgeon got part of his compensation from a Workmen's Compensation insurance carrier to be immaterial.

Concerning Practice of Physio-Therapy by Office Assistants:

(COPY)

April 13, 1944.

Dear Doctor:

Your letter regarding the nurse and physio-therapist currently employed in your office was referred to us by Doctor Kress.

You are correct in your understanding that there is no licensing requirement by either the State or Federal governments for the practice of physio-therapy. However, it is our opinion that in many instances the practice of physio-therapy would fall either within the practice of medicine or nursing as the law now stands depending upon the nature of the treatment administered in a specific case. In many cases such treatment we believe would constitute practice of nursing as it is defined in *Business and Professions Code*, section 2725, reading as follows:

"The practice of nursing within the meaning of this chapter is the performing of professional services requiring technical skills and specific knowledge based on the principles of scientific medicine, such as are acquired by means of a prescribed course in an accredited school of nursing as defined herein, and practiced in conjunction with curative or preventive medicine as prescribed by a licensed physician and the application of such nursing procedures as involve understanding cause and effect in

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

order to safeguard life and health of a patient and others."

There has not however been any court decision to this effect.

Although the employment of this individual in your office does not necessarily increase your malpractice liability, we believe it might well result in your malpractice insurance carrier denying liability in the event someone should be damaged through negligence. There is the consideration that it would be difficult to draw a line where the practice of physio-therapy would stop and the administration of nursing procedures would begin. If it should be determined by a court that nursing was being practiced by an unlicensed person and injury occurred to some patient, your insurance carrier might well deny any liability.

In our opinion, you are incurring a possible hazard in employing unlicensed personnel, particularly with regard to your insurance coverage.

Very truly yours,

HARTLEY F. PEART,
111 Sutter Street, San Francisco.

LETTERS†

Concerning Need of Public Health Nurses in Los Angeles:

(COPY)

The Board of
CIVIL SERVICE COMMISSIONERS
of the
CITY OF LOS ANGELES
11 City Hall

April 10, 1944.

To the Editor:—May we ask your assistance in publicizing our City's need for Public Health Nurses. The situation in this area is particularly acute because of the added responsibilities accompanying wartime conditions and a greatly increased population. These positions offer to Public Health Nurses the opportunity of becoming established in permanent civil service positions in the Los Angeles City Health Department.

We are enclosing a short article which we hope you will be able to include in an early issue of your periodical. We will appreciate this aid very much.

Thank you for your continued coöperation.

Very truly yours,

JOHN F. FISHER,
General Manager.

* * *

Nine regular Los Angeles City Civil Service vacancies as Public Health Nurse must be filled as soon as possible. Because of the acute need for public health workers in this area, residence requirements have been waived. Candidates must be women who have California Registered Nurse and Public Health Nurse Certificates. Applicants will be rated by a professional board on the basis of applications and supplementary data submitted. There will be no written test. The salary range is from $170 to $190 per month.

Applications will be accepted until further notice. For additional information, write or telephone the Los Angeles City Civil Service Commission, Room 11, Los Angeles City Hall, MI-5211.

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

Concerning C.M.A. Appropriation to "United Public Health League":

(COPY)

STANFORD UNIVERSITY SCHOOL OF MEDICINE
2398 Sacramento Street,
San Francisco, California.

April 24, 1944.

The Editor,
CALIFORNIA AND WESTERN MEDICINE,
450 Sutter Street, San Francisco.

Dear Doctor:

In the March number of CALIFORNIA AND WESTERN MEDICINE the following statement is made, "——Idaho and California had already appropriated approximately $3.00 per active member to assist in financing of the first year of operation" of the United Public Health League. [March, 1944 C. and W. M., page 109.]

The members of the San Francisco County Medical Society were not given an opportunity to vote on or even to discuss this action. We thus find ourselves forced to support an organization whose purposes and methods some of us disapprove and many doubt. These members cannot accept such an edict from above. You need a vote from the active members.

Yours sincerely,

(Signed) T. ADDIS, M. D.

P.S.

Dear Dr. Kress:

I shall be obliged if you will publish this note in CALIFORNIA AND WESTERN MEDICINE.

Yours sincerely,

(Signed) T. ADDIS M. D.

Concerning "Health Services in Soviet Union":

(COPY)

AMERICAN RUSSIAN INSTITUTE
To Further Cultural Relations with the Soviet Union
101 Post Street, San Francisco 8, California

April 26, 1944.

To the Editor.—We enclose herewith a complimentary set of three reprints of article by Dr. Henry Sigerist which were published in recent numbers of the *American Review of Soviet Medicine.* The articles are:

"Rural Health Services in the Soviet Union"
"Twenty-Five Years of Health Work in the Soviet Union"
"Medical Care Through Medical Centers in the Soviet Union"

Because we believe that an interchange of experiences between our two countries is important at present and for the future, we are eager to get as wide a circulation for these reprints as possible. We regret that we have to change 10 cents a copy to defray cost of reprinting them.

It was suggested to us that notice of the availability of these reprints at the Institute might be put in your Journal. We shall be very grateful for any ideas you may have which will help us in distributing these reprints.

Sincerely yours,

(Signed) ROSE ISAAK, *Secretary.*

Chadwick's Sign.—James Read Chadwick was a gynecologist of note and a man of engaging personality. He had a strong organizing bent, being instrumental in the founding of both the American Gynecological Society and the Boston Medical Library. He served actively as a secretary in the Society for many years. His many fact-finding researches greatly enriched gynecological literature.—Warner's *Calendar of Medical History.*

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XVII, No. 5, May, 1919

EXCERPTS FROM EDITORIAL NOTES

Forty-Eighth Annual Meeting.—It is indeed a misfortune that every doctor in the State of California could not have attended the forty-eighth session of the State Medical Society at Santa Barbara, April 15, 16 and 17. Full reports and minutes of the House of Delegates will appear in the June issue of the Journal. Early publication of the papers from this session will be favored by increase in the size of the Journal for the ensuing three months. These papers are the property of the State Medical Society, and should be immediately sent to the Journal office. Most of them have been received. Their publication elsewhere is unlawful without permission from the Journal. . . .

League Luncheon.—Probably no other single feature of the State Society meeting at Santa Barbara attracted so much attention beforehand, so large an attendance at the time, and so universally favorable comment as the luncheon given by the League for the Conservation of Public Health on April 16 at the Hotel Belvedere. . . .

The keynote of the impression made on the layman was voiced by Hon. P. H. McCarthy, president of the State Building Trades Council of California, who, in an eloquent and ringing address on "Labor's Contribution to Health Conservation," stated he had felt for years that he knew and thoroughly understood the doctor. . . .

Hon. Wm. A. Beasley, president of the California State Conference of Social Agencies, dwelt on the strategic position of the physician in social welfare work, and the good work of the League already accomplished as well as coming. The purposes and mission of the League were eloquently described by Drs Graves, James Franklin Smith and Dudley Smith. . . .

Hospital Improvement and Standardization.—There is no argument among well-trained physicians and surgeons as to the desirability and necessity of improving and standardizing hospital service. Widespread and equally widely recognized abuses have grown with the growth of our present hospital system, and too often seem an integral part of that system. If the hospital, as a social institution, is to exist and develop, these abuses must be corrected. That they will be corrected as the medical profession awakes to the situation, goes without saying. . . .

War Lessons in Public Health.—The press, both medical and popular, has duly emphasized the great impetus resulting from the war in matters pertaining to public health. It is unnecessary to recount the various practical illustrations of what doctors and public alike have learned from the war in this field. The pivotal position of the medical profession has been abundantly evident in the military service, both army and navy, not only in cure

(Continued in Back Advertising Section, on Page 26)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members. Historical reminiscences, papers and other archives will be welcomed by the C.M.A. Committee on History, to whom such should be sent. Address same to the Committee's Secretary, Dr. George H. Kress, Room 2004, 450 Sutter, San Francisco, 8.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By F. N. Scatena, M.D.
Secretary-Treasurer

Board Proceedings

The next oral examination of the Board of Medical Examiners will be held at the Board office, 515 Van Ness Ave., San Francisco, May 18, 1944. Oral examinations are required of reciprocity applicants coming from other states, whose licenses were issued by the sister state more than ten years before the filing date in California. Applications must be received in the Sacramento office of the Board at least two weeks prior to the date of the oral examination.

As previously announced in this column, the next written examination of the Board of Medical Examiners will be held at Native Sons Hall, San Francisco, June 27 to 29, 1944. Due to the accelerated courses of the medical schools, frequent written examinations have been conducted during the past year, thus making available as soon as possible doctors for military service, as well as licensed physicians and surgeons for civilian practice in this State.

News

"Sixty-six persons passed the California examination for physicians and surgeons held in San Francisco from January 4 to 6, it was announced today by the State Board of Medical Examiners. . . ." (Oakland *Tribune*, March 13, 1944.)

"Only duly licensed physicians and surgeons may issue pre-marital certificates, Attorney General Robert W. Kenny ruled yesterday in answer to a request for an opinion from Wilton L. Halverson, director of public health. Drugless practitioners, including chiropractors, cannot issue the certificates, Kenny said" (Los Angeles *Examiner*, March 25, 1944.)

"For the first time since compulsory Army induction began, examining doctors at induction centers in San Francisco today had on hand actual case records of many of the men appearing before them, showing their medical histories as far as state, county or welfare records can provide them. With the aid of the Community Chest, 36 trained social workers here have volunteered each week to help assemble available data for the medical 'screening' process, so that Army physicians can know a man's past medical history better than any routine questionnaire would show it. A step sought by doctors for more than two years, this plan is expected to keep out of military service many men who go to pieces and perhaps prevent such breakdowns as was considered responsible for the shooting of several persons in Los Angeles this week by a berserk Army officer. . . . The nation paid more than $35,000 for every case of psychiatric breakdown in the last war, many of them among men who never saw combat, Dr. Bowman recalled. . . ." (San Francisco *News*, March 9, 1944.)

(Continued in Back Advertising Section, on Page 40)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.

A MEDICAL PROBLEM UNDER MEDICAL CONTROL

"It is also an inescapable conclusion that the treatment of malnutrition is in each person an individual medical problem requiring exact diagnosis and therapeutic measures which cannot with safety be left in the hands of non-medical persons."*

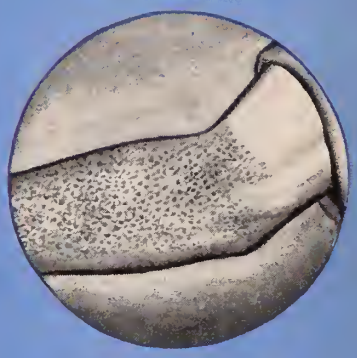
This truism applies with particular emphasis to the early recognition and treatment of vitamin deficiency conditions.

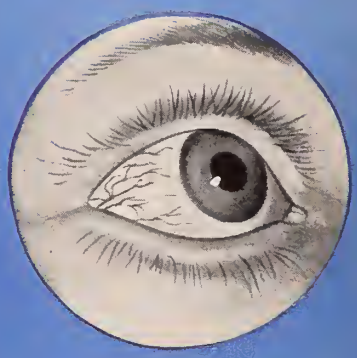
Therefore, cooperating fully with the clinician, White's steadfastly continue to promote White's Prescription Vitamins *solely to the medical profession.*

White's prescription products are in *no* way advertised to the laity.

*Jolliffe, N.: Conditioned Malnutrition, Handbook of Nutrition, Pub. by the American Medical Assn., 1943.







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Second Edition *Just Ready*

Elimination Diets and The Patient's Allergies

A Handbook of Allergy

By ALBERT H. ROWE, M.D.

Lecturer in Medicine, University of California Medical School, San Francisco, California; Consultant in Allergic Diseases, Alameda County Hospital, Oakland, California

Octavo, 256 pages. Cloth $3.50

The new edition of this important work has been written with two objectives. It aims to stress the importance of food allergy in the production of allergic manifestations and to emphasize the value of the author's revised elimination diets for the determination of this condition. At the same time it discusses the other causes of clinical allergy and the latest methods for their diagnosis and control. So many revisions and additions have been necessary that the work has been entirely reset and the type page enlarged to make possible the considerable expansion of the text.

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For Information Address: MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, New York, 19

TWENTY-FIVE YEARS AGO

(Continued from Text Page 272)

of disease and injury, but to a vastly greater extent in the prevention of disease, and the making possible of campaigns otherwise impossible. The medical service has shared with a few other services the honor and responsibility of being absolutely basic and essential for the winning of the war. . . .

Women in Industry.—The Department of Labor, through its Women in Industry Service, has formulated certain principles and standards governing employment of women in industry which are strongly recommended for general observance. Women have an industrial position which is weaker economically than that of men. They are more subject to exploitation. They require special safeguards, in order to conserve alike their industrial efficiency, their health, and the general interests of society. . . .

Diphtheria Control.—The importance of preventive medicine is receiving just appreciation in all departments of medicine. Nowhere is this better exemplified than in the case of diphtheria. Here is a disease with a fearful mortality and serious sequelae, which is largely curable when properly treated, and entirely preventable by proper methods. In New York City, since the introduction of

(Continued on Page 32)

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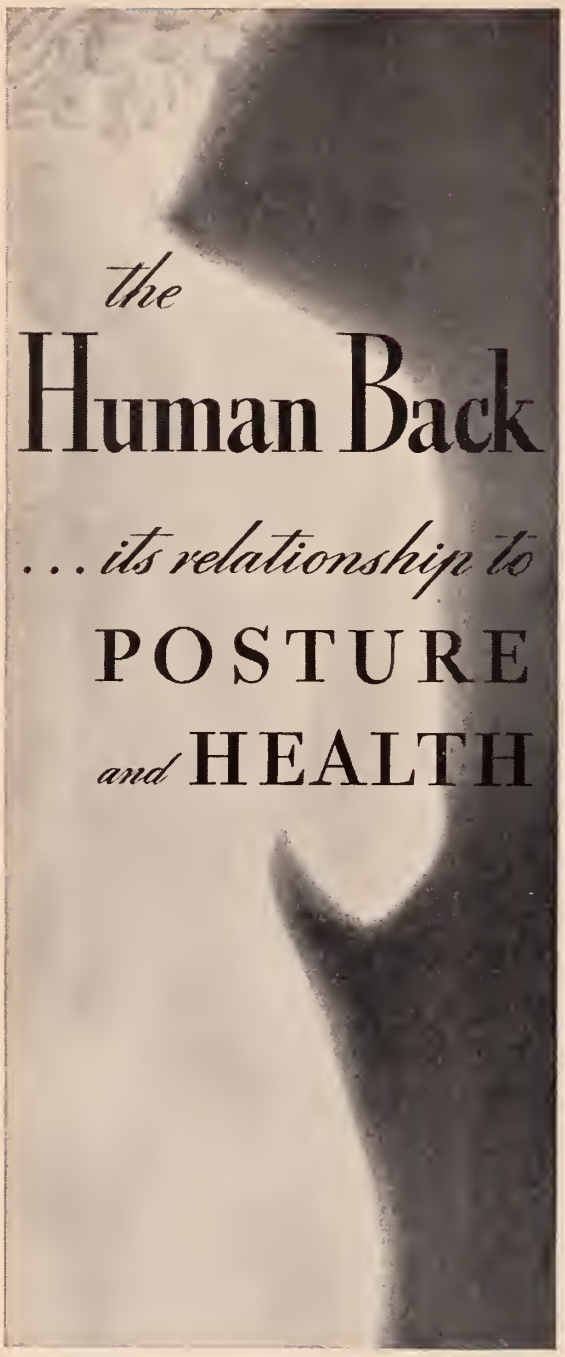
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May we send you this helpful new booklet FREE *for presentation to your patients?*

Last year the Samuel Higby Camp Institute for Better Posture, in collaboration with eminent authorities, prepared a little booklet "Blue Prints for Body Balance" which has been supplied to thousands of physicians, free, at their request. Now we have prepared a new companion booklet which is just off the press.

This additional sixteen-page booklet, "The Human Back . . . Its Relationship to Posture and Health," tells its story in simple, non-technical language, and is attractively illustrated. It is educational, non-commercial, informative . . . an ethical booklet for physicians to give their patients. We believe it will inspire its readers to a better appreciation of the importance of good posture and professional medical counsel.

We shall be glad to send you as many copies as you wish, free. The booklet measures 3½ by 6½ inches, and is attractively printed in color. Just use the coupon below, or write on your professional letterhead to the

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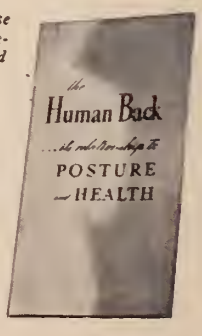
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Prepared in collaboration with eminent authorities, both give vital information on the importance of posture to good health. Insert quantities of each desired on order form to left.



For the infant deprived of mother's milk



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SIMILAR TO BREAST MILK

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil, coconut oil, corn oil, and fish liver oil concentrate.

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Similac provides breast milk proportions of fat, protein, carbohydrate and minerals, in forms that are physically and metabolically suited to the infant's requirements. Similac dependably nourishes — *from birth until weaning.*

One level tablespoon of Similac powder added to *two* ounces of water makes *two* fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

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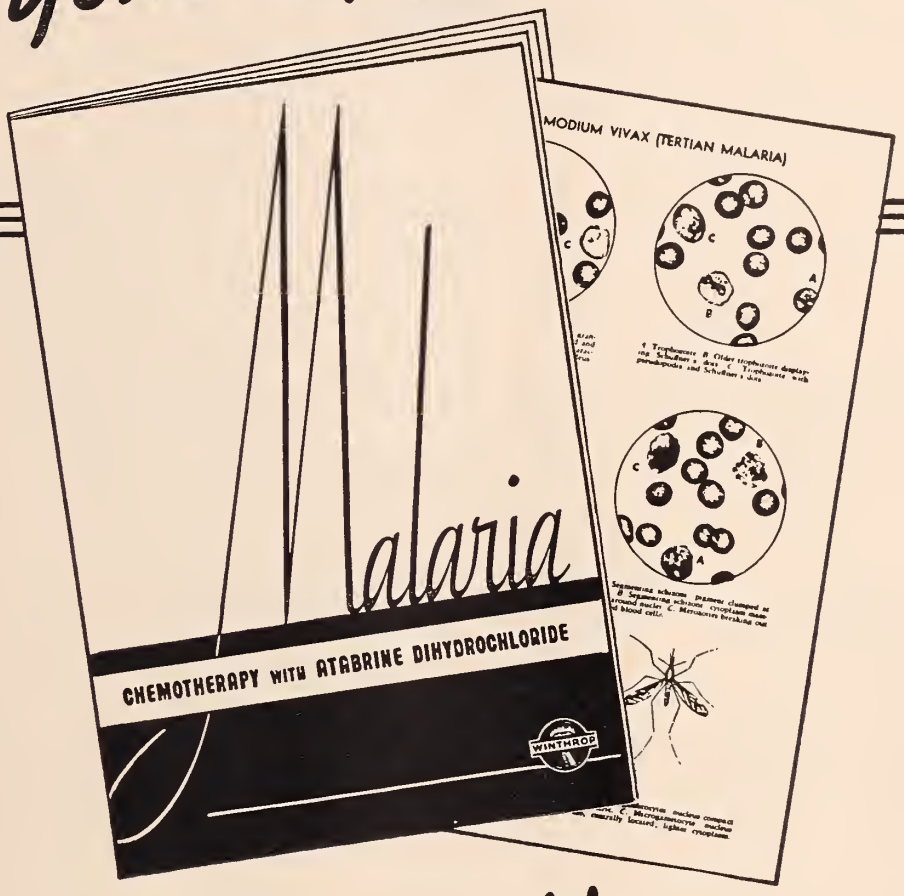
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TWENTY-FIVE YEARS AGO

(Continued from Page 26)

antitoxin, the diphtheria death rate has fallen from 130 to 20 per 100,000 population and the incidence has fallen 30 per cent. The incidence and death rate were highest in children of pre-school age. . . .

EXCERPTS FROM ORIGINAL AND OTHER ARTICLES

From an Article on "The Influenza Epdemic in Students' Army Training Corps, Los Angeles," by George H. Kress, M. D., Los Angeles.—In the United States in year 1918, about 170,000 college students were enrolled as privates in the United States Army, and these students were grouped in some 500 different colleges as S.A.T.C. units; each of these different college soldier units being known as a Students' Army Training Corps. These "Student Army Training Corps" outfits were independent units of the U. S. Army.

At the University of Southern California, the Students' Army Training Corps comprised some 919 enlisted men; and in command were two Colonels, and a staff of some 20 other line officers of the U. S. Army. The medical staff of the unit consisted of six surgeons: Doctors George H. Kress, John V. Barrow, Walter Wessels, Edgar Shumaker, Alfred Shumaker and Charles Bryson. . . .

In quick succession, in the fight against the 1918 influenza epidemic, and as fast as they could be cleared and gotten into form, three of the buildings of the Los Angeles Medical Department, University of California, were emptied, then filled with bed-cots, and almost immediately thereafter, with patients. In less than a week

(Continued on Page 38)

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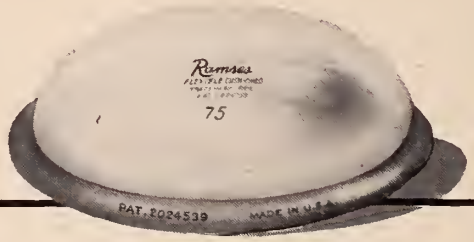
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TWENTY-FIVE YEARS AGO

(Continued from Page 32)

an institution of over 160 sick patients had come into existence, with a large volunteer nursing personnel, also a guard and fatigue detail of several hundred soldiers to do a certain amount of the drudgery, because at that time we did not have authority from the War Department at Washington to hire civilians to do the kitchen and similar work. . . . (The college buildings were secured through Doctor Kress, dean of the Department.)

In a group of 281 influenza patients treated at this Base Hospital of the S.A.T.C. of U.S.C., 237 patients showed influenza of the so-called bone and muscle type. In twenty-three patients, gastro-intestinal symptoms predominated, and in twenty-one, pneumonia of the frank type was the dominant feature. In three patients, the cerebral symptoms were prominent. In almost 200 of these patients, the pulmonary symptoms, with symptoms of bronchitis, were very marked. . . .

A rough outline of the mode of treatment ordered by Doctor Kress and his associate surgeons, was as follows:

"1. *Position of Patient:* Patient is ordered to bed, and is not permitted to go to toilets, etc., until temperature has become normal for three days. (The absence of adequate toilet facilities, the rooms crowded with beds so that curtained cubicles were out of the question, and the staff of volunteer nurses aides, added to the difficulties.)

"2. *Diet:* While fever is present, light diet.

"3. *Bed Clothing:* Should be ample. Patients should be instructed to keep arms beneath the covers, especially when sweating. Exposure of chest and arms is forbidden.

(Continued on Page 40)

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TWENTY-FIVE YEARS AGO

(Continued from Page 38)

Flannel pajamas are preferred. Wrists and ankles of same may be pinned snug. . . .

"9. *Convalescence:* All patients are to remain in bed for three days after temperature has become normal. These convalescent patients can then be out in the hospital yard for three additional days, provided weather is favorable. If fever returns after patient has been up and about in the college yard, he is ordered back to bed for two more days, and then outdoor privileges are again tried. Patients are then permitted to have a furlough of three days in their homes. At the end of this time they are to report to the attending surgeon at the morning sick call, who will determine whether they are to remain in quarters, or whether they are to return to "light duty" or to "full duty." . . .

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 272)

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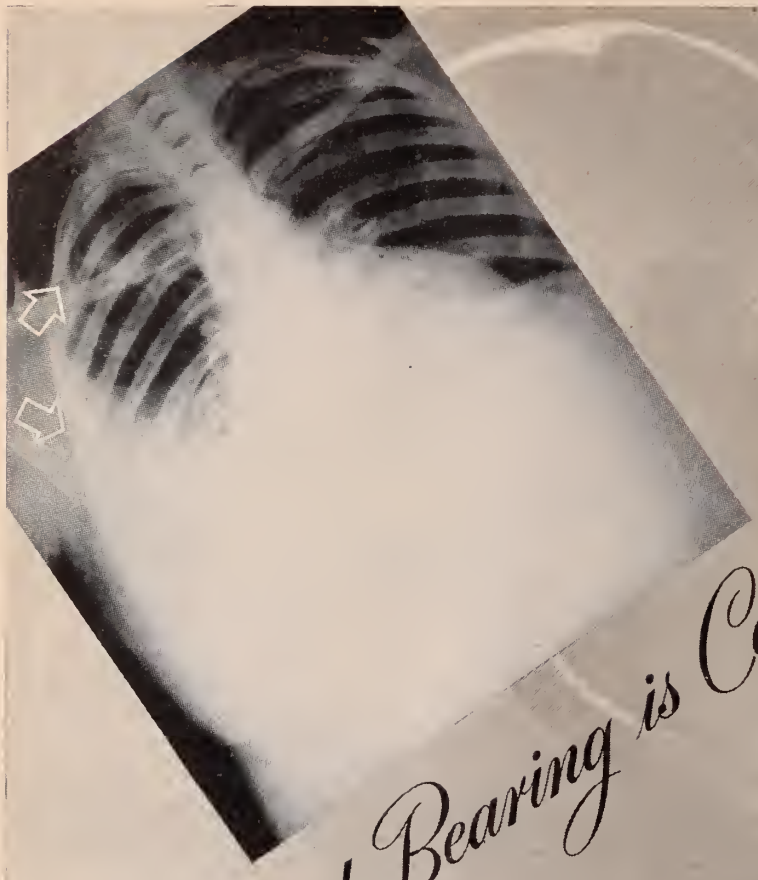
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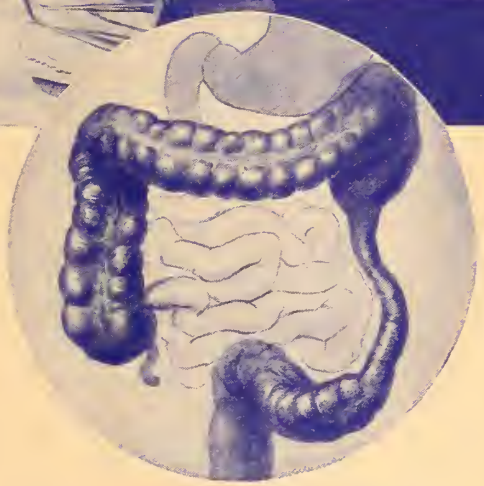
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Optional Medical Defense—C. M. A. Members. Room 2008, Four Fifty Sutter, San Francisco, 8.

The Public Health League of California

Executive Secretary, Ben H. Read. San Francisco (8) office, 251 Kearny Street, phone SUtter 8470. Los Angeles office, Room 563, 1151 South Broadway, phone PRospect 5711.

Medical Schools of California

University of California Medical School, Third and Parnassus, San Francisco, 22. Francis S. Smyth, M. D., Dean.
Stanford University School of Medicine. 2398 Sacramento Street, San Francisco, 15, L. R. Chandler, M. D., Dean.
University of Southern California Medical School, 1100 North Mission Road, Los Angeles. B. O. Raulston, M. D., Dean.
College of Medical Evangelists, 312 North Boyle Avenue, Los Angeles. Walter E. Macpherson, M. D., President.

(For roster of County Society officers, see last month's issue.)



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(Continued from Page 3)

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Hospital Service of California, 364 Fourteenth Street, Oakland, 12; 153 Kearny Street, San Francisco; 675 East Santa Clara, San Jose.

Hospital Service of Southern California, 743 South Grand View Street, Los Angeles.

Intercoast Hospitalization Insurance Association, 1127 "J" Street, Sacramento.

California Packet Library Services

In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the libraries of the following institutions:

University of California Medical Library, Medical Center, San Francisco. Phone MOntrose 3600.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco. Phone WEst 8000.

Barlow Medical Library (Los Angeles County Medical Association), 634 South Westlake, Los Angeles. Phone FItzroy 7694.

Note.—The Library of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois, also maintains a medical literature packet service.

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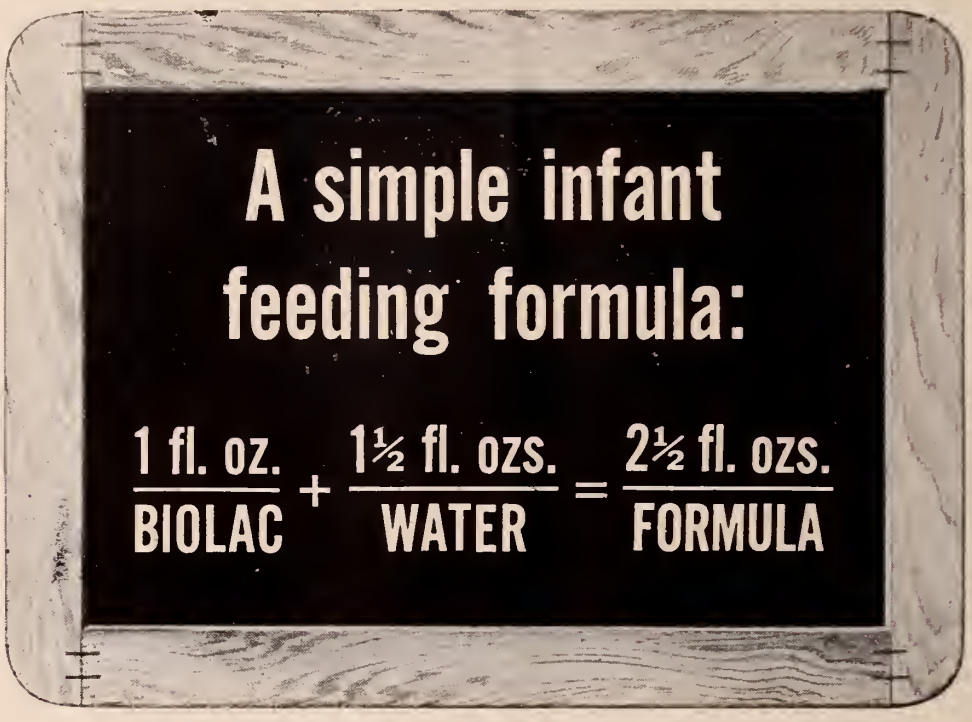
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BOOK REVIEWS

BOOKS RECEIVED

Virus Diseases in Man, Animal and Plant. By Gustav Seiffert. A Survey and Reports covering the Major Research Work done during the last decade. Cloth. Price, $5.00. Pp. 332. New York: The Philosophical Library, 1944.

A National Health Service. Ministry of Health, Department of Health for Scotland. Presented by the Minister of Health and the Secretary of State for Scotland to Parliament by Command of His Majesty, February, 1944. Paper. Price, $.75. Pp. 85. American Edition reproduced photographically from the English Edition and Published by Arrangement with His Majesty's Stationery Office. New York: The MacMillan Company, 1944.

Practical Malaria Control. A Handbook for Field Workers. By Carl E. M. Gunther, M.D., B.S., D.T.M. (Sydney), Field Medical Officer, Bulolo Gold Dredging Limited, Territory of New Guinea, at present with the Australian Medical Corps. Foreword by Prof. Harvey Sutton, O.B.E., M.D., F.R.A.C.P., B.Sc., D.P.H., F.R.San.I. Cloth. Price, $2.50. Pp. 91. New York: Philosophical Library, 1944.

Freedom from Fear. The Interrelation of Domestic and International Programs. By Louis H. Pink, Former Superintendent of Insurance of the State of New York; President of Associated Hospital Service of New York. Foreword by Owen D. Young. Cloth. Price, $2.50. Pp. 254. New York and London: Harper & Brothers Publishers, 1944.

The Romance of Medicine. The Story of the Evolution of Medicine from Occult Practices and Primitive Times. By

(Continued on Page 10)

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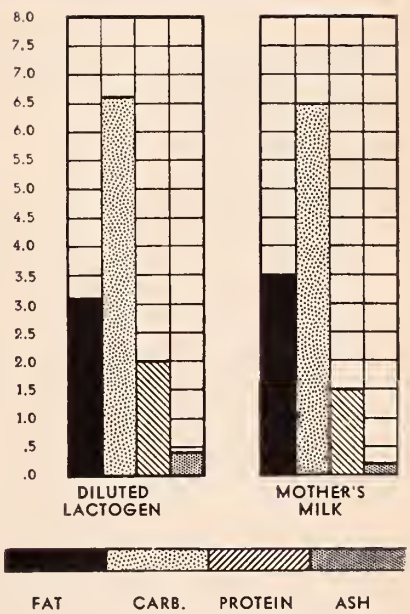
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> **Clinical Pediatrics, p. 156**

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Philip H. Pierson, M.D., San Francisco
Glenroy N. Pierce, M.D., San Francisco
Ina Gourley, M.D., Oakland

BOOKS RECEIVED

(Continued from Page 7)

Benjamin Lee Gordon, M.D., Member American Association of the History of Medicine; Attending Ophthalmologist to the Shore Memorial Hospital, Somers Point, New Jersey, and to Atlantic County Hospital for Tuberculosis, Northfield, N. J. Authorized Medical Examiner for Civil Aeronautics Administration, Dept. of Commerce. Washington, D. C. Formerly Associate Ophthalmic Surgeon of St. Agnes Hospital of Philadelphia. Cloth. Price, $5.00. Pp. 624. Philadelphia: F. A. Davis Company, Publishers, 1944.

Intrairanial Arterial Aneurysms. By Walter E. Dandy, Adjunct Professor of Surgery in The Johns Hopkins University. Cloth. Price, $2.50. Pp. 147, with 11 Charts. Cornell University, Ithaca, New York: Comstock Publishing Company, Inc., 1944.

Fundamentals of Psychiatry. By Edward A. Strecker, M.D., Sc.D., F.A.C.P., Professor of Psychiatry and Chairman of the Department, Undergraduate School of Medicine, University of Pennsylvania; Psychiatrist to the Pennsylvania Hospital; Attending Psychiatrist, Psychopathic Division, Philadelphia General Hospital; Consultant to the Bureau of Medicine and Surgery, United States Navy; Consultant to the Secretary of War, A.A.F. Second Edition. Cloth. Price, $3.00. Pp. 219, with 15 Illustrations. Philadelphia, London, Montreal: J. B. Lippincott Company, 1944.

Functional Disorders of the Foot: Their Diagnosis and Treatment. By Frank D. Dickson, M.D., F.A.C.S., Associate Professor of Clinical Surgery, Medical School, University of Kansas; Orthopedic Surgeon, St. Luke's, Kansas City General, and Wheatley Hospitals, Kansas City, Missouri; Providence Hospital, Kansas City, Kansas; and Rex L. Diveley, A.B., M.D., F.A.C.S., Colonel, Medical Corps, Army of the United States; Orthopedic Consultant, European Theater of Operations; Orthopedic Surgeon, St. Luke's Kansas City General, Research, and Wheatley Hospitals, Kansas City, Missouri; Providence

(Continued on Page 16)



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BOOK REVIEWS

(Continued from Page 10)

Hospital, Kansas City, Kansas. Second Edition. Cloth. Price, $5.00. Pp. 352, with 202 Illustrations. Philadelphia, Montreal, London: J. B. Lippincott Company, 1944.

Minor Surgery. Edited by Humphrey Rolleston and Alan Moncrieff. Cloth. Price, $5.00. Pp. 174. New York: Philosophical Library, 1944.

TWENTY-FIVE YEARS AGO

(Continued from Text Page 356)

EXCERPTS FROM ORIGINAL AND OTHER ARTICLES

Excerpt from Minutes of the House of Delegates.—Forty-eighth Annual Session of the Medical Society of the State of California, First Session.—Held at Hotel Belvedere, Tuesday evening, April 15, 1919, 8:30 O'clock.

Roll Call: The roll being called, seventy-seven (77) Delegates were found to be present. The President, C. Van Zwalenburg, in the chair, declared that a quorum of delegates was present and that the House was ready for business. . . .

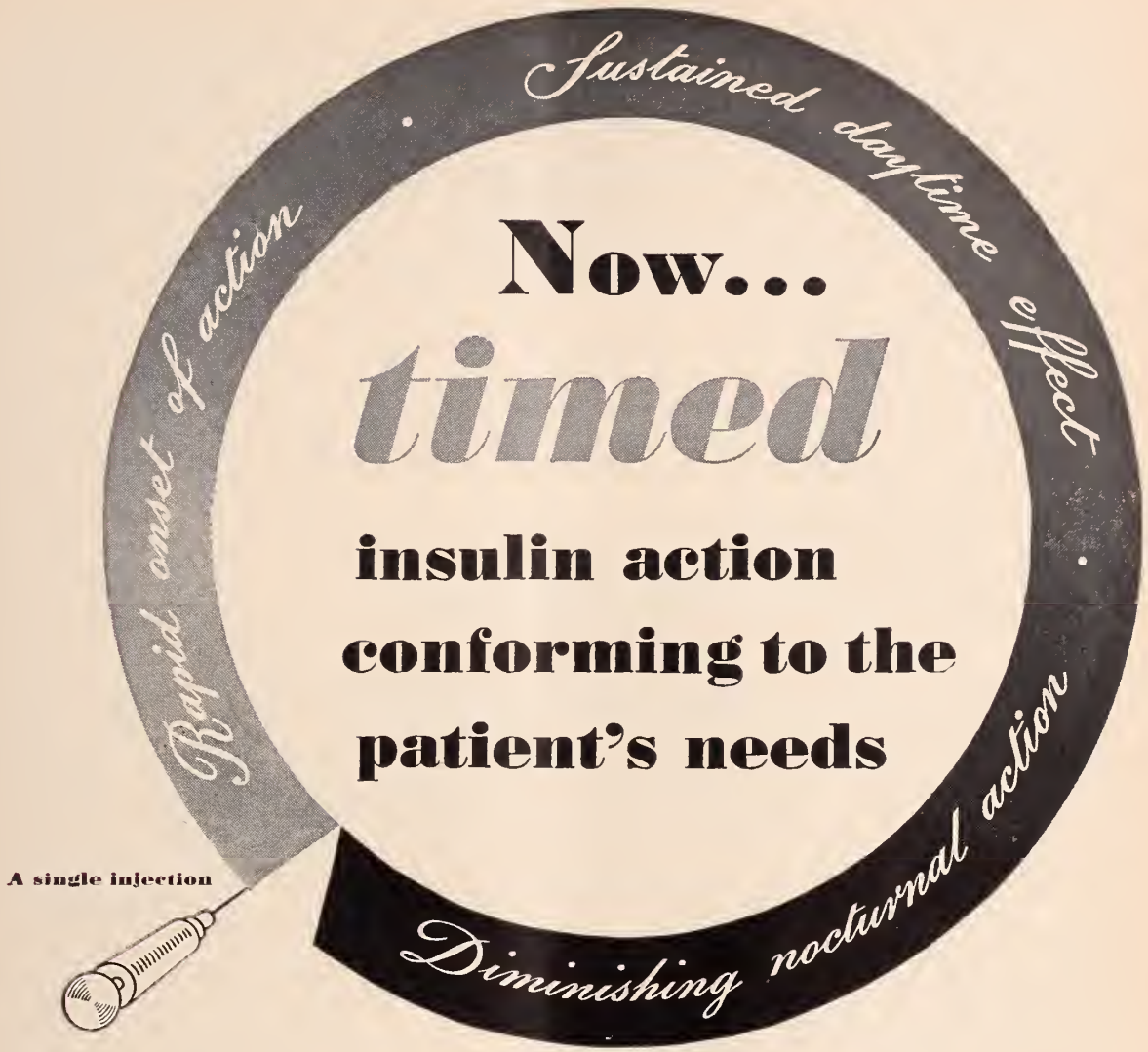
* * *

Excerpt from Report of the Secretary.—The President then called upon the Secretary, Saxton Pope, who made the following report:

It is customary for the Secretary to make his annual report at this time and briefly to state the condition of the Society in general.

In spite of the trying conditions under which we have lived in the past two years, the Medical Society of the State of California has continued its existence and has

(Continued on Page 20)



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● The diabetic's insulin requirements are not static but change as the patient goes through the day. 'Wellcome' Globin Insulin with Zinc is timed to conform to the patient's needs, providing rapid onset of action at the start of the day, a continuing effect to meet the peak demands of afternoon and early evening, and a waning of action at night when requirements diminish. Because of this unique type of action, a single injection daily will control many moderately severe and severe cases of diabetes. Nocturnal insulin reactions are rarely encountered. Globin Insulin is comparable to regular insulin in its freedom from allergenic skin reactions. 'Wellcome' Globin Insulin with Zinc, an important advance in diabetic control, was developed in the Wellcome Research Laboratories, Tuckahoe, New York. U. S. Pat. No. 2,161,198.

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1—Instead of the two-liter flasks in which penicillin ordinarily is made by "surface culture," Penicillin-C.S.C. is made in a battery of giant tanks, each of 12,000 gallon capacity, by "submerged culture," an operation of vastly increased sensitivity, calling for the utmost in care and control. 2—Vial-filling; note the safeguards against contamination. 3—Cold room, where Penicillin-C.S.C. is frozen prior to vacuum-drying.

4—The "last word" in controlled vacuum-drying equipment. The number of these evaporators indicates the magnitude of Penicillin-C.S.C. production. 5—Vial-sealing and capping.

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air-conditioning that controls temperature, humidity, and particle content—

sterilizing lamps that destroy air-borne microorganisms—

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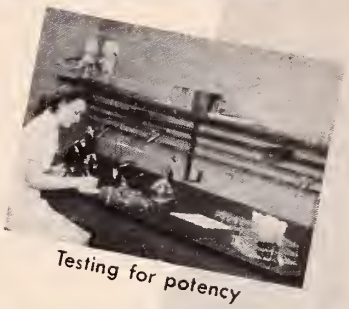
these are but a partial list of the safeguards employed in the "sterile area" of the C.S.C. plant.

Out of its quarter-century of research and experience in microbiotic production, Commercial Solvents Corporation has developed not only these safeguards, but also the "submerged culture" method which produces Penicillin-C.S.C. in giant three-story tanks.

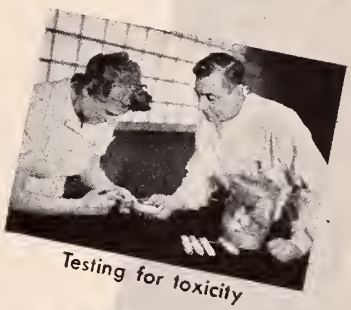
This combination of mass production methods, skilled personnel, the utmost in safeguards, and unremitting laboratory control spells two assurances—

Penicillin-C.S.C. will always be of dependable potency, sterility, and pyrogen-freedom—

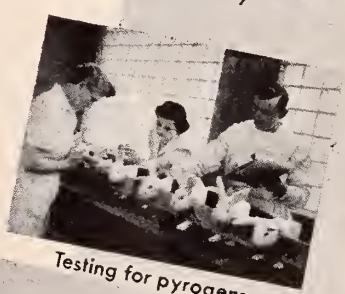
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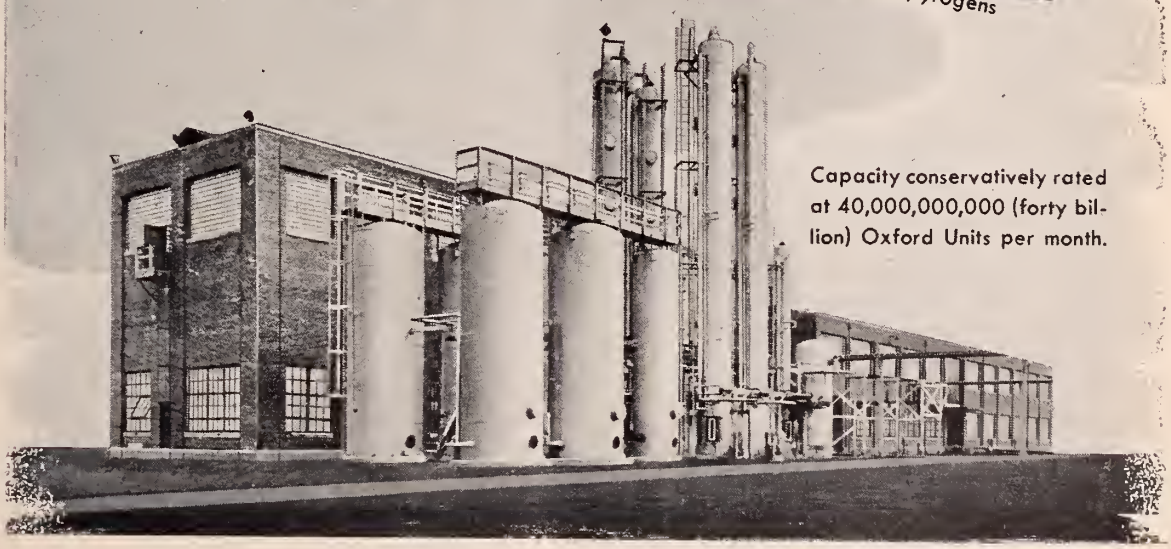
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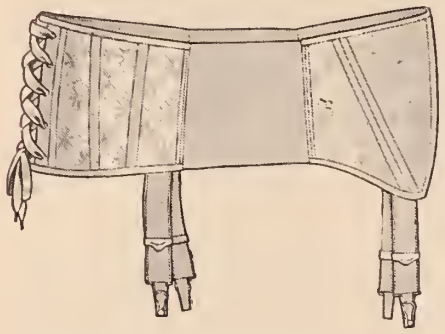
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Bush and Hyde Streets ***Telephone*** **PROSPECT 4321** **San Francisco**

TWENTY-FIVE YEARS AGO

(Continued from Page 16)

prospered. We sent over 1,000 men to war from our profession. Almost half of these were members of the State Medical Society. Nevertheless, we were able to hold our membership almost to the level of the past few years. We have at present a total of 2,300 members in the Society. In spite of the high cost of everything, we were not compelled to raise our dues. The special war tax levied by the Council was responded to most heartily, and served to meet the crisis in our finances. For the first time in many years the State Medical Society is out of debt at the end of the fiscal year, and has in actual cash more than $2,000 to its credit. This showing has been achieved by good management in the office and in economy in the workings of the Society, and yet we have not sacrificed efficiency to this economy. . . .

Unfinished Business.—The President then announced that the Council, through its Publicity Bureau, had heretofore appointed a Committee on Industrial Insurance to investigate the status and working of the Industrial Accident Commission from the standpoint of the patient and the doctor, and to suggest possible remedies by which a more perfect system of compensation procedure could be effected, and that the Committee had submitted the following report: . . .

Industrial Accident Fee Schedule:

The Chairman presented data compiled by Dr. Hyman and himself together, with some basal propositions in connection with records, fees and service.

1. It seems apparent that no fee schedule was ever presented by this Society. Experience has demonstrated that

(Continued on Page 22)

Some Practical Facts About Parenteral Dextrose Therapy

THE FUNCTION OF THE BODY DEPENDS ON THE FUNCTION OF ITS CELLS

NO CELL CAN FUNCTION WITHOUT ENERGY

DEXTROSE IS AN EXCELLENT SOURCE OF ENERGY

ENERGY IS DERIVED FROM DEXTROSE VIA ENZYME SYSTEMS

CERTAIN B VITAMINS ARE CONSTITUENTS OF THESE SYSTEMS

CARBOHYDRATE BY MOUTH OR VEIN TENDS TO DEPLETE THE B CONSTITUENTS

THE B CONSTITUENTS ARE EXPENDABLE; THEY MUST BE REPLACED

THE THERAPEUTIC IMPORTANCE OF SUCH REPLACEMENT HAS BEEN EMPHASIZED BY TOP-NOTCH CLINICIANS, SUCH AS SPIES, SYDENSTRICKER, JOLLIFFE AND POLLACK

TREATMENT OF ONE DISORDER SHOULD NOT CREATE ANOTHER

FOR PROTECTED, PARENTERAL DEXTROSE THERAPY USE—



TRINIDEX

A Sterile, Pyrogen-Free Solution of

5% DEXTROSE IN NORMAL SALINE

Fortified with

NICOTINAMIDE, RIBOFLAVIN AND THIAMINE HYDROCHLORIDE

Ready To Use

In 1000 cc. Light-Protected

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★ *Prepared under license from the Gastric Mucin Committee of Northwestern University*

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• *INEXPENSIVE*
• *TIME TESTED*

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ACCEPTED AMERICAN MEDICAL ASSN.

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THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

TWENTY-FIVE YEARS AGO

(Continued from Page 20)

the absence of an equitable scale of fees and its acceptance by the Industrial Accident Commission has not been productive of the best results. In the absence of such agreement and the financial basis therefore, it is impossible for the Society to offer guaranteed service or ensure against breach of contract by either party. This is evidenced by defective service, fee-cutting, fee-splitting, and open and secret rebating, all of which, in the last analysis, obviously react upon the only person for whom the machinery was originally created, the injured working man. . . .

6. It recommends that the whole question be referred to the Council for immediate action, with the following specific instructions: . . .

(b) That in connection with Proposition 1, an equitable fee schedule be devised whereby medical and surgical fees will be considered and placed upon the same basis as higher wages and higher premiums due to increased cost of living and increased cost of everything. That the question of a flat fee or of an itemized bill, but, in any case, a greatly simplified bill, be taken up, and that the manifest abuse of service at industrial accident rates to high-salaried officials and wealthy captains of industry be definitely settled for the benefit of all concerned. . . .

Report of the Committee on New Business.—The President then called upon Joseph M. King, Chairman of the Reference Committee, for a report of that Committee. . . .

Resolution No. 6. Presented by the Committee on X-Ray Legislation:

(Continued in Back Advertising Section, Page 30)

For the infant deprived of mother's milk



SIMILAC

SIMILAR TO BREAST MILK

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil, coconut oil, corn oil, and fish liver oil concentrate.

ACCEPTED by the AMERICAN MEDICAL ASSN.

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One level tablespoon of Similac powder added to *two* ounces of water makes *two* fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

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The material has been so scarce that very little has been available for civilian use, and then only on special assignment. Even in army and navy hospitals, it often was restricted to patients unresponsive to sulfa-drug treatment.

Penicillin is now more generally available, and research to achieve the ultimate in chemotherapeutic perfection continues as a major project in the Lilly laboratories.

Eli Lilly and Company, Indianapolis 6, Indiana, U.S.A.

Lilly *BUY WAR BONDS FOR VICTORY*

CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 60 JUNE, 1944 NO. 6

California and Western Medicine

Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Four Fifty Sutter, Room 2004, San Francisco
Phone DOuglas 0062

Address editorial communications to Dr. George H. Kress as per address above. Address business and advertising communications to John Hunton.

EDITOR GEORGE H. KRESS

Editorial Board

Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C. M. A. department, see index below.)

Committee on Publications

F. Burton Jones	Vallejo	1944
Francis E. Toomey	San Diego	1945
George W. Walker (Chairman)	Fresno	1946
Secretary-Editor	ex officio	

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

BUSINESS MANAGER JOHN HUNTON

Advertising Representative for Northern California
L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 0577)

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Subscription prices, $5 ($6 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should give both the old and new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

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EDITORIALS

LOS ANGELES ANNUAL SESSION: IMPORTANT POLICIES OUTLINED

Minutes of the House of Delegates in this Issue.—The minutes of the House of Delegates of the California Medical Association appear in the current issue, on pages 291-322. Therefore, it is in order to call attention to some of the major topics which received serious discussion in Los Angeles, on May 7-8. Readers may well take the time to scan the printed record of what was done, the better to orient themselves concerning policies that were discussed by the Delegates. Certainly, since some of the matters upon which action was taken may have serious relations to medical practice of the future, the time necessary for such reading should be given gladly.

To particularize, what are some of these pertinent items?

* * *

Re: Address on Public Relations.—Every physician in California should take the time to read an article, "Public Opinion Concerning Medical Practice—An Interpretative Report on a California Survey," by Mr. John R. Little, which appeared in the May issue of CALIFORNIA AND WESTERN MEDICINE, on pages 241-245. Readers who did not check the same, by such inaction, have done themselves and their profession a real injustice. It may be stated, that Mr. Little's address to the House of Delegates was given rapt attention; his recommendations having a decided influence upon actions later taken by the Delegates.

The importance of perusal of the article cannot be overstressed. It sheds new and authoritative light on the opinions held by California citizens, not only concerning physicians and existing medical practice, but also on proposed legislation which, if enacted, would radically change the mode of living and practice of the majority of Doctors of Medicine.

So fail not, to read Mr. Little's Interpretative Report.

* * *

Re: California Physicians' Service.—Some ten years ago, California Medical Association began its serious studies concerning adequate medical service for all citizens of California. At that time a preliminary effort to secure informative data, as a guide for action, led to the selection

of five nonmedical persons, each a faculty member of a California institution of higher learning; this supposedly impartial group being delegated to carry on a survey of medical needs in the State. The C.M.A.'s money contribution to the said "California Medical Economic Survey" amounted to some $50,000.00, that large sum being complemented by about a similar amount from the Federal "Works Progress Admnistration" (W.P.A.). The sad memory of that unfortunate adventure still lingers.

In the meantime, two, and later, three prepayment hospitalization groups came into being. In 1938, at a special meeting of the California Medical Association, called to consider the establishing of a state-wide, prepayment medical service plan, the organization, "California Physicians' Service," was authorized; its incorporation as a nonprofit plan having date of February 2, 1939. On July 15, 1939, the first group of "beneficiary members" was enrolled in the organization, in which some 4,500 physicians had registered as "professional members."

The story of the "First Five Years of C.P.S." was told in California and Western Medicine for April, 1944, on page 191; and that article, and others of a series in the C.P.S. department, commencing in the January, 1944, issue (for references, see May issue on page 264), present illuminating facts concerning the experiences of this state-wide, prepayment medical service plan that was brought into being by the California Medical Association.

In the hard way, through trial and error, because of the newness of the experiment and the lack of actuarial and similar information, California Physicians' Service has gradually been able to find itself. It may be said of C.P.S. that its experiments in commercial coverage, and its different plans to aid governmental agencies, place it at the very front of nonprofit, prepayment medical service plans in the United States.

The California Medical Association, in spite of being the ideologic and financial backer of C.P.S. when the latter organization—a corporation—was organized, decided to give California Physicians' Service absolute autonomy. However, in the last five years, it has become evident,—since, through the unit system of payment that was adopted, the members of the California Medical Association are the financial underwriters of C.P.S.—that a closer relationship between the C.M.A. and C.P.S. could aid in promoting the attainment of the objectives of the two organizations.

In Los Angeles, on May 7th-8th, when the members of the House of Delegates recessed to function as members of the Administrative Board of California Physicians' Service, the change in relationship was brought into being. Members of the State Association should acquaint themselves with the actions there taken, as recorded in the current number of California and Western Medicine, on pages 329-333.

The unit value is now $2.25 per unit. With generous and wholehearted coöperation, California Physicians' Service can achieve, in large degree, the ends for which it was brought into existence.

* * *

Re: United Public Health League.—Editorial and other references to the work of the "Public Health League of California" have frequently been made in California and Western Medicine. The legislative battles of recent years, at Sacramento, could not be honestly portrayed without mentioning the efficient service that has been rendered, in and out of season, by this organization of physicians, dentists, pharmacists, nurses and other persons and agencies interested in proper attainment of public health needs.

It is more than gratifying, therefore, to be able to place on record the establishing of an organization, "United Public Health League," recently brought into being in Salt Lake City, which bids fair to take on growth and activities, for both Western and other States in the Union. As stated in California and Western Medicine for May, on page 257, a Washington, D. C., office, or Bureau of Information, is now in full operation. The C.M.A. House of Delegates gave full approval to the project and all indications point to a useful career in a much needed field. California physicians may take pride in what has already been accomplished. Until other agencies give real evidence of fulfilling the service for which many physicians throughout the Nation have been calling, the United Public Health League will carry on its work, with the approval and support of the California Medical Association.

* * *

Maternity-Pediatric Plans (E.M.I.C.).—Much space has been given in California and Western Medicine to the successive phases of emergency medical and pediatric care designed to give adequate medical service to the wives and infants of enlisted men. The confusion which has resulted from the bureaucratic regimentation and other methods promulgated by the Federal Children's Bureau of the U. S. Department of Labor has been the basis of articles in many medical journals.

It is heartening to know that, in California, the State Board of Public Health and the C.M.A. Committee on Maternity-Pediatric Care have been able to work in harmony, in efforts to provide full service to wives and infants of enlisted men, the two groups at the same time using all legitimate means to protect the standards of medical practice.

It is pleasing, also, to be able to state that a member of the C.M.A. Committee, Doctor William Benbow Thompson of Los Angeles, rendered notable service to the medical profession of the United States, when he was subpoenaed to testify before the Subcommittee of the Committee on Appropriations of the House of Representatives in Washington on April 27, 1944. (See Council minutes in this issue, page 326, item 4.)

On June 5th, at the request of the Federal Children's Bureau, Doctor Thompson again flew to Washington, to attend a conference. The constructive suggestions on E.M.I.C. were indicated in his address to the C.M.A. House of Delegates on May 8, and are incorporated in a resolution given to C.M.A. delegates, for submittal to the House of Delegates of the American Medical Association.

Component County Societies, whose members have been paying special attention to E.M.I.C. are requested to give Doctor Thompson's suggestions—which have the approval of the C.M.A. Committee—most careful consideration.

* * *

Re: Resignation of C.M.A. Delegates to A.M.A.—Mention may also be made of the request of the C.M.A. House of Delegates that all C.M.A. delegates to the A.M.A. House of Delegates tender their resignations. The proceedings in regard thereto, and also the action of the C.M.A. House in placing on record the statement concerning desirable changes in the personnel of the American Medical Association, should also be mentioned. It will be interesting to learn the nature of the reception that may be given to the suggestions submitted to the A.M.A. Trustees and House.

Readers who have glanced through what has been written above may find further information in the minutes which appear elsewhere in the current number.

"CALIFORNIA AND WESTERN MEDICINE": ON OBJECTIVES AND HOW IT FUNCTIONS

Background of the "Official Journal".—California and Western Medicine is the present-day name of the monthly publication, *"California State Journal of Medicine,"* established by the California Medical Association in 1902, to succeed a prior annual publication, *"Transactions of the Medical Society of California,"* the first volume of which came off the press in 1872.

Number 1 of Volume 1 of the present "Official Journal" of the California Medical Association had the date-line, November, 1902, and, exclusive of advertisements, presented 32 pages of text material, at a time when the State Association had a total of only 1,112 members. The May, 1944, issue of California and Western Medicine contained 40 pages of text.

The opening editorial in the first issue stated:

The California State Journal of Medicine will hereafter take the place of the Annual Volume of *"Transactions of the Medical Society of the State of California."* The Journal will be sent free to every member of the State Society, and will be issued monthly. . . . In addition to the official reports of the annual meetings of the State Society, and the papers and discussions of the scientific sections, the *Journal* will publish a limited number of original articles, reports of county societies, and such other matter as may be of interest. . . .

Brochure: "Suggestions to Authors."—Also, some twenty years ago, the C.M.A. Council authorized a brochure, "Suggestions to Authors," that is still in use, as may be noted by reference to the editorial masthead. From the foreword of the brochure may be taken the following quotations.

California and Western Medicine is owned by the California Medical Association, and every member has an equal interest in this ownership. . . .

The magazine aims to be, as far as it is humanly possible to make it so, the official voice of a great medical organization. . . .

California and Western Medicine is an independent exponent of such medical, health progress. It seeks to avoid all entangling alliances. It aims to promote the interest of worth-while agencies of health progress, and to ignore, criticize, or condemn, without fear or favor, the useless, spurious, badly managed, and unwholesome. . .

The above information is here given to permit the present more than 7,327 members of the California Medical Association to appreciate somewhat of the background of California and Western Medicine, as it was portrayed when brought into existence by its first editor, the late Philip Mills Jones; working with a Publication Committee, the chairman of which was Doctor George H. Evans, of San Francisco, the senior living ex-president of the California Medical Association.

* * *

Page Limitations of "California and Western Medicine".—Several years ago the Council ruled that the size of California and Western Medicine should be limited to 96 pages, inclusive of advertising; and in January, 1944, in response to a Governmental directive instructing publishers to reduce the use of paper by 10 per cent, the number of pages has been cut down to 88 or so. The May, 1944, issue of California and Western Medicine contained 40 pages of text and 48 pages of advertising, and the current June issue, in its regular format (i.e., exclusive of House of Delegates transactions), is likewise limited to 40 pages of reading matter, with 48 pages of advertising.

* * *

Other Factors in Limitation of Original Article Space.—Not to be forgotten is the fact that during the last several years, threatened state and national legislation having serious relationships to medical practice have necessitated extra space for informative items thereon, to permit all members, as well as officers, to understand the nature of impending trends.

It follows, therefore, even though the membership of the State Association is today about four times what it was in 1902,—when the Official Journal was established,—and that the number of papers submitted at annual sessions and from county societies is several times greater, the number of pages available for original articles on scientific topics is actually less than in former years.

Editorial Board Has Charge of Publication Policies.—The Council has vested the determination of policies for CALIFORNIA AND WESTERN MEDICINE in an Editorial Board consisting of some 31 members who represent the respective specialties, and of whom four constitute an executive committee. Following are quotations concerning their duties from the brochure referred to above:

Responsibility for accepting or declining contributions is an unavoidable duty of the Editorial Board. Evaluation of contributions for purposes of publication, as is the practice of all good magazines, is made by editorial advisers acting under the general rules of the Editorial Board. . . .

The publication of accepted material is perforce governed by many factors, a few of which are: the date of acceptance, the length of the paper, the amount of editorial work required, the subject-matter, available space, condition and amount of the total reserve accepted copy on hand, as well as the balance between subjects in the reserve. Every issue must contain a varied intellectual diet, and this cannot be left to accident in the constant inpouring of copy. Certain official matters about medical organizations, addresses by officers, invited guests, chairmen of sections, offerings of new discoveries, discourses on subjects of seasonal value, and similar matter may receive advanced publication. . . .

* * *

Policies of the Editorial Board.—At the recent annual session, it was evident that a few members of the State Association seemingly were not aware of the procedures that are followed in regard to what, and how many original articles may be available for publication in a single issue. The action of the House of Delegates in regard to one resolution submitted, may be found in this issue, on pages 310, and 317.

At the present time the Editorial Board has before it, for consideration, the 97 papers presented by essayists at the recent annual session which, through by-law provision, automatically became the property of the California Medical Association, when they were read to the various Scientific Sections. In addition to those papers, the unpublished files of CALIFORNIA AND WESTERN MEDICINE contain a total of more than 100 manuscripts left over from former annual sessions, or received from county society and other contributors. The authors of these different papers are naturally quite interested in the publication fate of their respective manuscripts. It is a source of regret to the Editorial Board that the space limitations, under these wartime conditions, are such that there is no possibility of increasing the size of CALIFORNIA AND WESTERN MEDICINE. Consequently, only a limited number of the manuscripts in the files can hope for publication in CALIFORNIA AND WESTERN MEDICINE.

The Editorial Board, therefore, trusts that contributors and members will keep the above facts in mind. Nothing would please the Board more, than to be able to print twice or thrice the number of papers that now are given place in the OFFICIAL JOURNAL. After the Duration, that happy arrangement may again be possible.

EDITORIAL COMMENT†

CARCINOSTATIC ANTISERUM

About 20 years ago, Brown and Pearce[1] of the Rockefeller Institute became interested in a malignant growth which occasionally develops in old syphilitic scars in rabbits. The growth was evidently a neoplasm of epithelial origin composed of cells allied to those found in the bulbs and root sheaths of hairs. Serial transplantation was readily accomplished in normal rabbits, in which the transplant usually caused multiple metastases leading to death in from 6 to 7 months. In a smaller number of cases the local growth was inhibited within 3 to 4 weeks and the tumor was resorbed.

It was subsequently noted by Kidd[2] that the serums of rabbits in which the tumor had regressed usually contain a specific antibody giving complement-deviation reactions with aqueous extracts of the tumor. The serums reacted negatively with aqueous extracts of normal rabbit tissues, and with extracts of all other neoplasms and virus infections thus far tested. Filtration, centrifugation, enzyme and bacteriologic studies disclosed the fact that the antigenic fraction of the Brown-Pearce carcinoma is a large protein molecule. Tumor extracts containing large amounts of this giant protein give rise to no lesions upon injection into normal or tarred rabbits. The giant protein molecule might be tentatively classified as an atypical or perverted cytoplasmic microsome, conceivably an essential part of the proliferating mechanism of the Brown-Pearce carcinoma cell.

To test this possibility Kidd[3] has currently studied the in vitro reactions between the specific complement-deviating antiserum and living Brown-Pearce cancer cells. Tumor tissue was pressed through a 40-mesh monel metal sieve into Locke's solution, and the resulting suspension incubated for 2 to 3 hours in the presence of the antiserum, control cells being incubated in the presence of normal rabbit serum, or in the serums of rabbits carrying other tumor types. Aliquot parts of the incubated suspensions were injected into the leg muscles of 3 or 4 normal rabbits. The control suspensions in normal serum almost invariably gave rise to tumors reaching 2 to 3.5 cm in diameter within 2 to 4 weeks. Tumor cells incubated with the antiserum almost invariably failed to grow.

The tumor cells were not lysed, agglutinated or otherwise altered in appearance as a result of incubation with this antiserum. They were apparently not killed since the proportion of cells stainable with trypan blue[4] was no greater in incubated mixtures containing antiserum than in

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

control mixtures with normal serum. The pH of the incubated suspensions were the same with the specific antiserum and normal serum. The effects of the antiserum were thus demonstrable only as a suppression of the growth-potential of carcinoma cells.

Attempts were made to stimulate the formation of the same growth-inhibiting antibody by repeated intraperitoneal injection of cell-free Brown-Pearce tumor tissue extracts. The results were negative except with one strain of rabbits, in which about one-third of the animals developed antibodies after 3 to 4 intraperitoneal injections. All animals in which the antibody developed proved to be carcinoma resistant when tested with a small dose of Brown-Pearce tumor cells implanted intramuscularly. All vaccinated rabbits that had not developed a detectable titer of the complement-deviating antibody proved as susceptible as normal rabbits, the intramuscular implantation resulting in large tumor growths.

While many rabbits in which the Brown-Pearce carcinoma has been resorbed develop specific antibodies, others that have overcome the carcinoma develop no detectible humoral antibody. It seems evident, therefore, that resorption of cancer growth can be brought about by factors other than specific antibodies. The nature of these other carcinolytic factors has not yet been determined.

Application of the same serological technique to V2 carcinoma and other rabbit neoplasms is now in progress.

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REFERENCES

1. Brown, W., and Pearce, L., J. Exp. Med., 37:601, 631, 1923.
2. Kidd, J. G., J. Exp. Med., 71:335, 351, 1940.
3. Kidd, J. G., Science, 99:348 (Apr. 28), 1944.
4. Pappenheimer, A. M., J. Exp. Med., 24:233, 1917.

AGRANULOCYTOSIS

REPORT OF CASE CAUSED BY SULFADIAZINE

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Oakland

THERE have been five previous reports of agranulocytosis developing as a complication of the use of sulfadiazine. A sixth case is here reported.

REPORT OF CASE

The patient, a twenty-year-old white female, entered Highland Hospital on February 5th, for treatment of a felon. The felon was drained promptly, but on February 8th it was found that an osteomyelitis of the terminal phalanx was present. The patient was placed on sulfathiazole, 1 gram every 4 hours.

On February 15th, after having received 44 grams of sulfathiazole, the patient developed a rise in temperature and a rash; the sulfathiazole was discontinued and the temperature promptly returned to normal. A white blood count at this time showed 7,200 cells with a normal differential count. Two days later, the patient was placed on 1 gram of sulfadiazine every four hours, and by March 1st there was considerable improvement of the felon. However, on that date, after having received 72 grams of sulfadiazine, the patient's white blood count was 3,000 cells. The differential count on 500 white cells showed less than 1 per cent segmented forms, 1 per cent stab forms, 3 per cent basophiles, and 96 per cent lymphocytes. The hemoglobin was 85 per cent.

On March 1st, the temperature was 100° F., the pulse 120 per minute, and the patient did not appear ill. The pharynx was slightly injected but there were no oral ulcerations. Between March 2nd and 8th, the temperature varied between 101° F., and 104° F., and the patient became progressively more toxic and lethargic. The pharynx gradually became more reddened and the gums edematous with an occasional small patch of pseudomembrane. An ulcer appeared on the gingivolingual mucous membrane. The only complaints during this time were, sore throat, sore mouth, a feeling of lassitude, cough, and a nasal discharge.

During the first eight days of the hospital stay for the agranulocytosis the white blood count dropped to 1,750 cells with a differential count of 1 per cent eosinophiles, 1 per cent basophiles, 4 per cent monocytes and 94 per cent lymphocytes per 500 white cells. On the eighth day after admission, the white cell count and clinical condition showed response to therapy and thereafter rapidly returned to normal. Paul-Bunnel tests performed on the eighth and twenty-first days were negative.

Therapy consisted: (1) discontinuing sulfadiazine;

(2) isolating the patient from exogenous infection;

(3) 40 c.c. of Pentnucleotide intramuscularly daily for a total of 360 c.c.;

(4) 8 c.c. of liver extract intramuscularly daily for a total of 48 c.c.;

(5) approximately 300 c.c. transfusions of whole fresh blood twice daily for a total of 3,200 c.c.;

(6) atraumatic oral hygiene by means of normal saline mouth washes; and

(7) high vitamin C intake.

COMMENT

This is the sixth reported case of agranulocytosis caused by sulfadiazine. The patient recovered with the accepted methods of treatment.

2701 14th Avenue.

Pre-Marital Certificates.—Pre-marital certificates may not be issued in California by drugless practitioners, including chiropractors, because State law limits such authority to duly licensed physicians and surgeons, Attorney General Robert W. Kenny stated in opinion NS5326. Request for the ruling came from Wilton L. Halverson, Director of Public Health. Only those licensed by the Board of Medical Examiners and the Board of Osteopathic Examiners may legally issue such certificates, Kenny stated. He pointed out that a county clerk would be guilty of a misdemeanor if he accepted a pre-marital certificate not made out by a "duly licensed physician or surgeon."

Perseverance is more prevailing than violence and many things which cannot be overcome when they are together, yield themselves up when taken little by little. —Plutarch.

* From the Highland-Alameda County Hospital, Oakland, California, Department of Residents.

ORIGINAL ARTICLES

Scientific and General

AVIATION MEDICINE IN PEACE AND WAR*

Brig. General Charles R. Glenn
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Fort Worth, Texas

NATURE, in her less tolerant moments, must think man an irritating fellow. Certainly, if she has any artistic pride in the creation of the miracle of efficiency which she developed for a human body, she must become weary of watching man see what he can do to destroy it. He over-feeds it, over-irrigates it, over-indulges it, and with a fine, if somewhat breath-taking abandon, he flings it into space and places it where it was not designed to go and where it cannot function properly.

No better example of his intrepidity (Nature might call it his lack of good taste and sense) can be found than in man's long battle to get into the air. For, despite the obvious and demonstrable fact that Nature built the human to live on the ground, he has spent much of his tiny span of years on earth trying to get off it.

HISTORY OF MAN'S ATTEMPT TO FLY

Flying—things that fly—the speeds attained by flying, the liberation from brush and jungle, the silent and devastating approach to the unwarned prey—these concepts have fascinated man from his beginning. The envious Stone Age Man, with meticulous care traced the bird on the walls of his cave. The art and literature of the Græco-Roman and Hebraic cultures abound in references to birds and flight. The magic sandals of Theseus and the flaming chariot of Elijah have their parallel in the winged Gods of the oriental cultures. All men have wanted to fly—to get the speed which they could not get even from the steam or gasoline engine—to get the destructive force they could not get even from the cannon. As early as 600 B.C. man dreamed of attacking his enemies from the air. The Maha-barata of India records that Krishna's enemies "built an aerial chariot with sides of iron and clad it with wings. The chariot was driven through the sky until it stood over Dwarakha where Krishna's followers dwelt, and from there it hurled down on the city, missiles that destroyed everything upon which they fell."

So in 600 B.C. men recognized that he who conquers the air rules the world. Our Benjamin Franklin, the only American to witness a flight of Palitre de Rozier, who made an ascent into the Heavens of about three to five thousand feet in a balloon, wrote home that "perhaps it would be possible to convince Sovereigns of their follies in waging wars by use of these crafts. Five thousand balloons capable of lifting two men each would not cost more than five ships of the line," and, "who could so distribute their defense that they could dispose of 10,000 men dropping from the sky?" But even Franklin did not recognize what we know now, namely: that he who conquers the air must first conquer himself—must adapt his body either by apparatus or training to uses for which is was not fashioned.

There is death in the sky. Where there is death, you will find the scientist and the physician trying to find its cause and cure. As the balloons and gliders came into being, men began to break their necks. These men had to be treated and medicos, who are by nature curious fellows, began to risk their necks, too.

By 1786 we find an author in the First Handbook of Aeronautics discoursing on the medical effects of flight. He stated variously that "the spirits are raised," that "in the purity of the air and the restful composure of an ascent, all worries and disturbances disappear as if by magic," that "the retreat into the atmosphere from the hot, putrid and impure to the cool pure air impregnated with invigorating aerial acid." Flights were recommended for tuberculosis, neuralgia and all other diseases in the world. By 1800 this first fine flush of enthusiasm, which accompanies each panacea, had somewhat subsided. Air sickness reared its ugly head and there began to be talk about the effects of high altitude on the human body. The conquest of the air by mind was well on its way, but the inability of the body to follow it began to evidence itself.

MEDICAL PROBLEM OF FLYING

Little was done about this medical problem of flying, however, until the development of the airplane and the concept of military aviation challenged the interest of medical officers in the U. S. Army. The Army bought its first airplane in 1908. In the same year Lt. Thomas Selfridge of the Signal Corps was killed and Orville Wright seriously injured. Within four years, Army Medical Officers had recognized that flying made unusual demands upon the body and had developed a standard examination for the selection of aviators. This examination (later to be known as the 609 and still later modified to become the present 64) weeded out all those whose hearing, vision, equilibrium and general physical condition were not A-1. The judgment of these physicians in setting up such stringent requirements was demonstrated during World War I when a research board visited the various theatres to study aviators and find out why some of them returned from many missions while others

* Read before the First General Meeting, at the Seventy-third Annual Session of the California Medical Association, Los Angeles, May 7-8, 1944.

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In the absence of General Glenn, because of official business, his paper was presented by Colonel M. G. Healy, M.C., Army Air Forces Western Flying Training Command, Santa Ana, California.

failed to come back. Statistical studies gave the answer. The physically fit came back.

START OF AVIATION MEDICINE

This was the start of Aviation Medicine which has proceeded without set-back. Its recognition as an important research problem came in 1917 when Col. Theodore C. Lyster formed the Air Service Medical within the Aviation Signal Section. In October, 1917, a medical research board and medical research laboratory were organized with Watson, Lewis, Wilmer and Siebert as members of the Board, and Lewis, Whitney, Snider, Dunlap, Patton and Berens in charge of the research laboratory. It began functioning at Hazlehurst Field, Minneola, Long Island, in January, 1918, which was the actual birthdate of the School of Aviation Medicine. Doctor Wilmer's article on the difficulties in procurement and organization in the early development of Aviation Medicine reads like some of the things we have had to contend with in this war. Since that date we have come a long way in this aviation medicine.

TWO MAJOR FUNCTIONS OF AVIATION MEDICINE

Aviation Medicine has two major functions. *First,* the selection of those who are physically and psychologically fit to fly and, second, the subsequent maintenance of that physical and psychological fitness. In order to perform these functions, the Flight Surgeons must be research workers, teachers, administrators, general practitioners, enthusiastic flyers and good companions.

The process of selection for physical fitness has followed the lines laid down in the last war. In brief, we demand that those who are to pilot our planes and those who are to use our bombsights be as near perfect physically as it is possible for a healthy young human to be. The other members of the air and combat crews meet slightly less stringent standards because thier jobs are not so exacting.

Selection for psychological fitness is performed in two ways. In the first place, we are anxious to detect and reject individuals who show any signs of incipient neuroses or instability, as we find that even peace time flight involves tremendous nervous strain and tension. In combat flying, of course, these factors assume even greater importance. The individual who has difficulty in making an adjustment to the ordinary stresses and strains of everyday life, is almost certain to break down when confronted with those found in the air. The detection of these individuals is the responsibility of the Flight Surgeons trained in psychiatry who interview each candidate exhaustively and weed out those who show symptoms of instability.

Secondly, in order to promote the efficiency of our training program, we must try to select for training those men who have the necessary aptitude for success. While most of us who have been concerned with training for many years feel that most anyone who can be taught to drive an automobile can be taught to fly, not everyone is capable of learning to be a combat pilot or bombardier or navigator in the time which the Air Forces can afford to give them. It costs a great deal of money, time, planes and men to train an aircrew member. When we decide to give a man such training, we invest all of these precious things in him. Time, in the present emergency, has been our most precious factor. If he cannot make the grade and is eliminated, we lose our investment as well as waste the time of our instructors. For example, before this war we were getting less than four pilots from every 10 men who we admitted to training, despite the fact that the 10 men were hand-picked physically. Such wastage in war time is intolerable. The job of preventing this wastage was handed over to a group of Aviation Psychologists who work under the direction of the Flight Surgeons.

The results have been most gratifying. A battery of aptitude tests — both with the psychomotor apparatus and pencil and paper type—is now administered to every applicant for aircrew training. On the basis of the scores on these tests, the Aviation Psychologist can identify a group in which 95 out of 100 will graduate as pilots, another in which 70 out of 100 will graduate as pilots, another in which only 30 out of 100 will graduate as pilots, etc. Similar predictions can be made about navigator and bombardier training. The test battery is therefore used both to select and to classify. Those whose chances of success are low in all three types of training are rejected and placed in other jobs where their talents may be better used. The rest are placed in the jobs for which their chances of success are greatest.

The test battery is based upon careful and continuous psychological and statistical research. That it works is unquestioned. Its usefulness to the Air Forces in saving men, planes, time and money is beyond estimate. Where we once graduated four out of ten, we now graduate seven.

MAINTENANCE OF FLYER'S FITNESS

After an applicant has demonstrated his physical and psychological fitness for aircrew training, it becomes the responsibility of the Flight Surgeon to maintain that fitness throughout the flyer's career. This means that his health must be maintained here at home, in the tropics or in the Arctic. The man who flys may go to countries which are ridden with epidemics and exotic diseases. The Flight Surgeon who goes along must know how to prevent and treat them. This job is being well done. For example, malaria, the bug-a-boo of the tropics and long considered a necessary evil that accounted for more casualties than any enemy, through the efforts of our medicos, has been kept well in hand. Less than five per cent of our Air Forces personnel are suffering from that disease.

MAJOR PROBLEMS OF MODERN FLIGHT

Overshadowing even this tremendous task is the more specialized job of keeping men healthy and alert in the air. The background for both

of these efforts lies, of course, in research; and research on the physiological and psychological effects of flight has progressed by leaps and bounds.

In brief, the major problems created by modern flight are:

1. *Anoxemia.* Low atmospheric pressure and consequent decrease in oxygen pressure with occasional diffusion of nitrogen from the blood and in other tissues.

2. *Motion.* Speed and its associated acceleration or deceleration which subjects the human organism to a number of Gs which borders on and sometimes exceeds the body's tolerance.

3. *Temperature.* Extreme cold with concomitant frost bite and other complications.

4. *Psychic and Mental Shock.* Flying is essentially a task which alternately demands great concentration, induces boredom and involves moments of extreme danger. These factors, together with the others mentioned, produce operational fatigue.

So far as we have been able to discover, almost anyone can fly at 8,000 feet without too much difficulty. At 10,000 feet, however, the lowered oxygen pressure (about ⅔ of the normal, due to lowered atmospheric pressure) begins to handicap the body. Vision (in terms both of scotopic sensitivity and brightness discrimination) is markedly affected. As ascent continues, without an artificial supply of oxygen, the finer coördinated movements begin to disintegrate, thinking becomes a slow process and is illogical, a lack of insight to the extent of euphoria becomes evident, and the general picture of happy drunkenness is almost complete. The picture does not last long. It is soon supplanted by unconsciousness and in most cases, if the cause is not removed, by rapid death.

OXYGEN PROBLEM

Obviously, these facts demand that the flyer be supplied with oxygen by other means. The best method would be to maintain the ground level atmospheric pressure within the plane regardless of altitude. This is undoubtedly the method of the future. For a number of years, our experimental planes have been equipped with pressure cabins which adjust the internal pressure so that it always remains above the atmospheric pressure found at 8,000 feet even at altitudes of 40 to 45,000 feet. These are the passenger planes of the future. For most of our military planes, this type of equipment is not feasible due to loss of pay load, and we must still have oxygen supplied through masks.

I will not bore you with a description of all the many difficulties which beset those who attempt to devise the perfect oxygen system. Suffice it to point out that any oxygen system, from a military point of view, must provide comfort for the individual, the correct amount of oxygen flow, sufficient portability so that the individual may perform his duties unimpeded and even provision for a brief period of oxygen supply when parachuting from very high altitudes. Even with many of the technical problems solved, however, we who are doctors of Aviation are still confronted with the added problem of training and indoctrination, in use and maintenance of the equipment.

Aircrew members are, by nature and of necessity, not the most careful and cautious of individuals. It is not easy to convince them of the importance of proper maintenance and use of oxygen equipment, particularly when the euphoria which often accompanies anoxia causes them to underestimate the danger of their condition and overestimate their tolerance to it. We are still losing lives because of improper care and use of oxygen equipment, but the percentage of such losses has been, and will continue to dwindle as the Flight Surgeon continues to impress the necessity of oxygen discipline on the mind of the flyer, and continues his research into methods of overcoming the shortage.

To this end, we have constructed and are using a large number of pressure chambers so that every aircrew and combat crew member may personally observe the effects of anoxia.

This program has other advantages as a selective and research device since it makes it possible for us to detect those who are abnormally susceptible to anoxia and resultant bends. It also supplies us with data on the effect of diet, exercise, age and other factors on such susceptibility. For example, we know that anoxia strikes more quickly at the man who has recently over-indulged in food or alcohol. We know that "bends" is much more likely to occur in the man who is over 28 years of age than the youth who is 18. We know that the onset of bends can be delayed if the individual exercises rather violently before ascending. (Denitrogenization, the process is called). These facts are circulated as widely as possible through the teaching efforts of Flight Surgeons and associated Aviation Physiologists. They are saving lives.

SPEED PROBLEMS

Speed—the greatest asset of aviation and one of the most difficult military problems which aviation presents to the Flight Surgeon—makes for sudden changes in direction and, therefore, sudden changes in gravity. This change of gravity known as "Gs," in turn produces displacement. The displacement can be so great as to drain the blood from the head and "black out" the pilot or, conversely, to drain the blood from the rest of the body and "red out" the pilot. The importance of this effect in combat flying is indicated by the fact that the Germans used Stuka dive bombers equipped with a mechanical pilot to level the ship out while the human pilot was unconscious. Indeed, the effect can be so great as to displace the organs themselves. In the sharp, rapid turns, dives, and climbs of combat flying, the number of Gs exerted on the body may increase many fold. Man's average tolerance in an ordinary upright position is from plus three to plus five Gs. Blackouts, however, may result at about plus three and one-half to plus four and one-half Gs.

We have learned that a change in the position of the head with respect to the line of flight and changes in the tension of the abdominal wall may increase these tolerances somewhat, and we have made efforts to make this information useful.

Another factor which has to do with "G" tolerance is the physical condition of the pilot. As teachers, we who have the care of the flying personnel in our hands again attempt to practice preventive medicine by properly presenting the picture to the pupil. At the same time we are using flying suits and other forms of apparatus to protect the flyer from supernormal gravity effects.

Temperature. The problems produced by the extremely low temperatures experienced at high altitudes are also very great. The normal stratospheric temperature is a constant –45° C. Due to ventura effect of air flowing around the plane in flight and through the open windows or doors in the plane, temperatures as low as –65° C are common. In fact, the blast of air that comes in the waist window of a B-17 at high altitude may freeze a gunner's hands after one-half to one minute's exposure. In the 8th Air Force as late as September, 1934, 32 per cent of the 1,077 casualties were frostbite of the hands alone, and this figure does not, of course, include the possible cases of aircraft shot down because the gunner was unable to make his frozen hands operate his gun. Here again, the Flight Surgeon becomes research worker, teacher and medical practitioner. Research worker in terms of developing better protection from the cold; teacher in terms of training personnel to use the clothes and to learn how to do their jobs efficiently in them, and medical practitioner in the care of those who fail to heed our warning. The development of suitable coverings for the hands, suitable heated clothes for the body and associated teaching of the individual occupants of the military airplane how to use them for their protection, are important parts of the duties of the medicine man in Aviation.

OPERATIONAL-FATIGUE PROBLEM

All of the factors which we have so far discussed, together with the discomfort, the danger, the loneliness, the long, long grind and the constant threat of one of the most sudden of deaths, combine to produce what is, perhaps, Aviation Medicine's most important and difficult problem —operational fatigue. We know many specific things about the symptoms of it but very little about the *modus operendi.* There are many facts which lead some of us to believe that it is a psychological problem rather than a physical one. We know that the most exhaustive attempts to demonstrate the existence of physical or physiological changes accompanying the conditions have not been productive. We know, too, that operational fatigue is found more frequently among combat flyers but that it develops among non-combat flyers in time of peace. We know it is found more frequently in squadrons which have had "bad luck" (i.e., a high attrition rate) than in units which have been more fortunate.

"Operational Fatigue" manifests itself in a variety of ways which have in common the characteristic of keeping the subject from entering combat or of flying at all and incapacitating him even when he attempts to fly. The symptoms may vary from loss of interest or lack of zest in flying to more serious manifestations such as hypochondriasis, air-sickness, dizziness, tubular vision and other types of hysteria, simulating the so-called "shell shock" of World War I. It seems probable that there are two ways in which this condition may occur. Most of the cases would appear to be normal, well adjusted men who have been submitted to a strain which is intolerable. In some of the cases, it is probable that the complicated neuro-chemical plant that nature manufactured and we call man was not quite tuned properly and was asked to do what is difficult enough for the plant which is normal. Obviously, there are two different problems presented here. In the out-of-tune plant, we are interested in developing better selective devices so that more of those with a neurotic predisposition may be screened away from the stresses of aviation. Progress along this line, despite our best efforts, is slow. In the over-taxed case, the task is one of prevention and rapid cure. It is here that the Flight Surgeon becomes important as a person. We know that if a Flight Surgeon has the confidence of the aircrew to which he belongs, they will report their first symptoms to him and he can usually clear up their troubles simply by giving them a few days of rest and relaxation. We know also that the Flight Surgeon may prevent the occurrence of many cases of premature exhaustion if he can direct to some extent the airman's way of life while on the ground. The Flight Surgeon who notices that Johnny Ace is talking less or talking more loudly at the mess, passing up the poker games and smoking many more cigarettes than the normal number, hitting the stimulant more than advisable or his usual amount, and who can get Johnny to "talk it out" is performing an inestimable service to the war effort.

MAINTENANCE OF COMBAT EFFICIENCY

I have stated negatively these problems with which we who care for flight personnel during war time are faced, but I need not have done so. Much of the resources of Aviation Medicine is directed not only toward maintaining the health and lives of flyers but also toward improving their combat efficiency. Obviously a bomber crew with a zest for the mission, with a good oxygen supply and warm clothing in which they can move about unhampered, is more likely to deliver the goods in any theatre of war than one in which the waist gunner is unconscious because of anoxia, the tail gunner's hands are frozen and the bombardier who is an operational fatigue case, is interested only in toggling out his bombs and getting back home.

Other important problems have been investigated by the "Country Doctors" of Aviation in

attempts to improve combat efficiency. Dark adaptation procedures have been worked out and instruction in night vision been given so that our night fighter pilots and gunners will get that first look which may mean the difference between an enemy or an American plane being shot down.

The flak suits, the flak curtains and helmets which are so essential to any operation of large formations over the heart of our German enemy, are the direct result of General Malcolm Grow's interest in wounds of the body incurred by his 8th Bomber Command crews. As a Flight Surgeon, he felt that preventive medicine was much more valuable than passive treatment of wounds and he developed these protective devices.

The development of goggles for protection from wind and glare has been an interesting field in optics and manufacture that the Flight Surgeon was intimately associated with. Exhaustive anthropological measurements of air and combat crew members have been made so that planes and equipment will be best adjusted to the men who use them. Emergency kits have been prepared and all flying personnel properly instructed so that wounded or isolated flyers may live to fight another day.

AIR EVACUATION OF THE WOUNDED

Perhaps one of the major contributions made by Aviation Medicine to the present war which not only the Air Force but the entire war effort benefits from is air evacuation of the wounded. Our earliest military transports were equipped for litters and all of our commercial airliner planes for years have had hidden in their padding the catches to hold the litters and litter straps. We have these litter holding devices that within a few minutes we can convert a cargo plane or a bomber into an ambulance ship. This has been of great value not only because it provided the swiftest and most comfortable method for moving patients to points where they can get optimal care but also because it relieves theatre commanders from the many logistical problems attendent upon surface evacuation. Roads are important instruments of warfare. If they are choked with vehicles evacuating the wounded, the efficiency of attack or defense is lowered. Air evacuation has been successful beyond wildest hopes. In 1943, a total of over 170,000 patients were evacuated by the Army Air Forces throughout the world. Only 11 died in flight—a rate of six deaths per 100,000 patient trips. In general, the patients themselves are enthusiastic about air evacuation. Only a negligible frequency of air sickness or discomfort is reported. In many cases, particularly in the Pacific theatre, if we had not been prepared for air evacuation, there would have been no evacuation of sick or wounded and the casualty list would have been much larger.

IN CONCLUSION

This very brief sketch of some of the military problems of the Air Force Doctor, should be sufficient indication that Aviation Medicine has come of age. It is regarded as a specialty and, in the sense that its followers devote themselves to the study of the stresses and hazards which are peculiar to flight, I suppose it is.

I have always maintained, however, that the followers of Aviation Medicine must not be specialists in the narrow sense of that term. The special hazards of military flight affect so many systems of the body that the Flight Surgeon cannot cope with them unless he has the widest possible knowledge of such divergent fields as psychiatry, othopedics, ophthalmology, endocrinology and cardiology. Physiology, psychology and good common horse sense must all enter into the Flight Surgeon's scope of knowledge in order that he may be what I feel is most essential—the AAF Country Doctor.

We would be lacking in vision, however, if we supposed that Aviation Medicine is or will be peculiar to war and that Flight Surgeons will be found only in the armed forces. We will win this war and peace will come. Neither you, nor I, can predict how much or what kind of flying will exist after the war. It may be that mankind will decide that such a malicious instrument of destruction should be forever outlawed, and the only flying will be bootlegged, but I doubt that. I believe the world will be ringed and criss crossed by airlines; that flight will be in pressure cabins in the stratosphere between the land masses; that flight will be as commonplace for distances of 100 miles or over as automobiles were for going from your house to the corner grocer before this present holocaust descended upon us. In this great development, the Flight Surgeon is likely to have a place similar to that of those pioneer doctors who were railroad physicians in the era just preceding us. The essential physiological and psychological problems of Aviation Medicine will remain the same. The problems of pilot selection will possibly be more rigorous; the psychological stresses will, of course, be less but most of the war time experience gained by Aviation Medicine will have an influence on post war medicine to flux the specialties so that each will understand the problems of the other. I believe that Aviation Medicine in peace will go on to the solution of many problems left unsolved by the war and will confront new problems raised as technical progress in development of the airplane continues. In any event, Aviation Medicine will continue. I am no doubt biased, but I cannot help but believe that this new branch of medicine is and will continue to be one of the most fascinating. I visualize Flight Surgeons throughout the world in remote places and at various centrally located points, regional hospitals, where highly specialized care may be had. The airplane will shorten the time from the outskirts to the center so that all men can take advantage of the skilled surgeon, the skilled orthopedist, or the specialty his particular affliction needs. This will be done smoothly, safely, and regularly through the effort of the doctor known as the Flight Surgeon whose specialty is known as Aviation Medicine.

Army Air Forces Training Command.

VENEREAL DISEASE CONTROL IN THE MILITARY SCENE*

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INTRODUCTORY NOTE.—The substance of this paper was written in the spring of 1942 for presentation to the Medical Section of the annual meeting of the California Medical Association. It seems desirable to add a few comments to bring it up to date.

Item 7, in the section on the military control program, has been changed through revision of Army regulations, in that disciplinary measures are no longer authorized for those who have acquired infection, but only if the individual fails to report for treatment.

Generally, the trend in Army rates, which was indicated, has continued; and, in fact, the Army within the continental limits of the United States is fortunate in having the lowest venereal disease rate in its wartime history. Rates for the year 1943 have run consistently below 30.

It was pointed out, in the section on deficiencies of the existing program, that there was an urgent need for facilities for the isolation and treatment of infectious cases. This need is largely being satisfied through the development of quarantine hospitals for rapid treatment set up throughout the country by the United States Public Health Service. There are now twenty-seven such hospitals in operation.

One of the warnings voiced was that there was danger of so depleting civilian health agencies of trained personnel, in order to build up the Army program, that that program, itself, would be ultimately weakened. Such in fact, has occurred in certain areas in the country, and it is safe to say that if any weakness can now be pointed out in the overall picture, it is to be found in the inability of civilian health agencies to adequately carry on the epidemiologic and follow-up work necessary to supplement the Army program.

* * *

In wartime venereal diseases take on a new significance. They represent a potentially serious threat to the efficiency of the fighting forces, and in modern warfare when industrial production is so important, an equally serious threat to the productive capacity of the nation's workers.

Probably for the first time in the nation's history during a national emergency the full meaning of this threat has been recognized by the Government, the military forces, official civilian agencies, and the people at large; and, even more important, the resources of all have been organized for a determined fight to control adequately at least one group of diseases which have heretofore seriously reduced the strength of the nation at war. In World War I, although the scope and organization of the control program were not as extensive as that now in operation or contemplated, it was, nevertheless, spectacularly demonstrated that such a program, specifically designed and manned by trained personnel, could effectively limit the morbidity from venereal diseases.

Moore[1] has recently pointed out that United States Army venereal disease data cover four wars. In three of these (Mexican, Civil, Spanish) no special control measures were instituted, and in each instance the annual incidence rate almost doubled, falling back to the usual peacetime rates in the intervals. The contrast is great in World War I; the first instance of deliberate organization for control of venereal disease in time of war. Two hundred and forty-six medical officers with the AEF were assigned specifically to this function. The result was that, instead of the doubling of the rate previously experienced, it fell almost to one-half of the peacetime rate.

This accomplishment set a sound precedent for subsequent efforts toward the goal, and demonstrated, beyond doubt, that carefully prepared programs can be productive of results.

The extent and gravity of the problem, however, are shown by the fact that, in spite of achieving a substantial decrease in the annual incidence rate, there were, nevertheless, 483,717 cases in the Army and 57,146 in the Navy of new or newly discovered venereal disease in the period of thirty-three months between April 1, 1917, and December 31, 1919. For both services this represented a loss of 7,429,610 man days, or 21,000 men for a full year. With the example set in World War I, it was the hope and intention of those concerned with the problem, that a greater and even more effective effort could be put forth during the present upheaval.

TOTAL WAR MEANS TOTAL EFFORT

The community nature of our existence appears in this field as in all others. The existence of disease in one segment of the community represents a potential danger to all other segments. The source of venereal infection in the armed forces is the civilian reservoir. The reciprocal relationship is proved by the fact that infected military personnel may bring venereal disease into previously (relatively) uninfected civilian populations. The civilian and military venereal disease-control programs, therefore, are complementary and supplementary, and represent integral parts of the whole. Control of venereal disease in the armed forces can approach success only if equally strenuous efforts are directed to civilian venereal disease control. From this fact arises one of the difficult problems facing those planning the overall program, namely, building up control programs for the armed forces without too seriously depleting the trained personnel of the existing civilian agencies, and thereby endangering the very programs for which the personnel is being enlisted.

* Read before the Section on General Medicine at the seventy-first annual session of the California Medical Association.

The opinions and assertions contained herein are the private ones of the writer, and are not to be used as official or reflecting the view of the Army Department or the Army service at large, nor of the California State Board of Public Health.

BACKGROUND OF VENEREAL DISEASE PROBLEM OF TODAY

As far as the control of venereal disease in the armed forces in the continental United States is concerned, we began the task in 1940 with the advantage of an existing civilian control program which was functioning with substantial success, having been steadily building since 1936. I should like to sketch briefly the status of the civilian venereal disease control program in California and something of its activities in the year 1941.

In the year 1940-1941 the sum of $739,000 was expended for the sole purpose of venereal disease control, 29 per cent from U. S. Public Health Service, 14 per cent from State, and 57 per cent from local (city and county) sources.

In the year 1941 there were in California 186 clinics treating venereal disease, with nearly 200 trained professional and technical personnel devoting full time to the program, and an estimated 1,000 more clerical, auxiliary, and utility personnel participating in full or part time. The policy of free distribution of drugs to physicians and small clinics was in full operation, as shown by the fact that 497,990 doses of trivalent arsenicals, 27,839 doses of pentavalent arsenicals, 1,920,240 doses of bismuth, and 87,304 grams of sulfonamide drugs were dispensed in the year. There were 599,954 patient-visits to the 127 clinics serviced by the Central Tabulating Unit. Some 335,497 pieces of educational literature also were distributed to lay and professional recipients; educational lectures were presented before a total lay audience of 55,175 and a total professional audience of 2,000, and 2,920 drug stores and pharmacies, and twenty-three wholesale drug houses signed pledges agreeing to discontinue treating and dispensing remedies for venereal diseases.

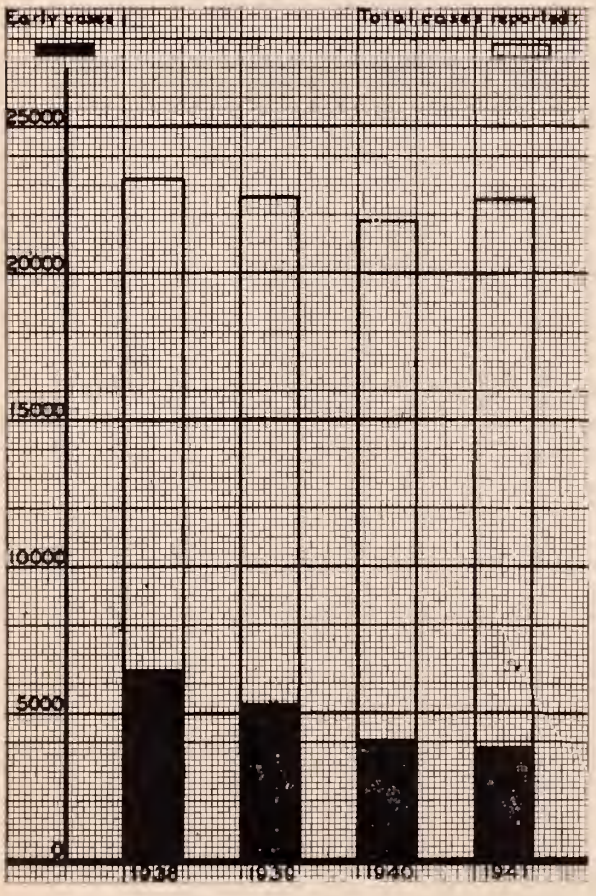


Chart 1.—Syphilis Morbidity Reports for 1938, 1939, 1940, 1941. California State Department of Public Health.

This rather massive structure and equally massive function represents the culmination of strenuous planning and execution carried steadily through the preceding four years. That it was beginning to achieve a substantial accomplishment in the control of venereal disease is suggested by Figure 1. Here are presented the reported cases of syphilis for the years 1938, 1939, 1940, 1941. It is seen that, although the total number of cases has remained approximately the same (around 23,000), the number of early or new infections has steadily decreased, from 6,400 in 1938 to 3,800 in 1941. The constant level of total cases, with the falling of early cases, indicates that reporting by physicians was improving, and particularly of late syphilis. The decrease of 40 per cent in early cases clearly testifies to the effectiveness of the control program for the civilian population.

MILITARY CONTROL PROGRAM

The official venereal disease program of the Army can be outlined as follows:

1. Physical examination and serologic testing of inductees to enlist a venereal disease-free Army.
2. Education of soldiers as to dangers: advise continence.
3. Provide prophylactic facilities.
4. Monthly physical inspections.
5. Thorough treatment of those who become infected.
6. Isolation of those infected while in transmissible stages.
7. Disciplinary measures for infected—unless innocently acquired.
8. Coöperation with other interested official agencies.
9. Report sources and contacts of military infections to health departments.
10. Depend upon U. S. Public Health Service and local health departments to control sources in extra military areas.
11. Invoke May Act when law enforcement agencies fail to repress prostitution.

To implement this program the Army has recently announced that medical officers trained in public health and venereal disease control will be assigned to each Army camp of 20,000 or more, each field army, air force, armored force, corps area, division, general headquarters, and communication zone.[3]

That the Army control program is effective, and especially when supported by a well-functioning civilian program, is shown in Figure 2. Here are presented the properly chargeable annual venereal disease rates for the years of 1940 and 1941 for the 9th Corps Area. According to the

annual report to the Secretary of War by the Surgeon-General of the Army,[4] the average rate for the entire Army for the year ending June, 1940, was 42.5. Even though not strictly comparable, it can be seen that the rate (averaging twenty-five for the calendar year 1940) for the 9th Corps Area is well below that of the Army as a whole. Figure 2 also shows the definite decrease for the 9th Corps Area in 1941 as compared with 1940, the 1941 average being 17.7.

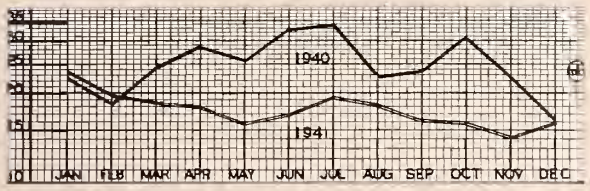


Chart 2.—Properly Chargeable Rate 9th Corps Area for 1940-1941 (corrected).

This decrease of the rate for the year 1941 is explained by some as due to the induction of great numbers of uninfected men during that year. This could occur only if, in fact, the actual number of new infections was being kept at about its former magnitude; and that this is true is shown in Figure 3. It is seen that the actual number of new cases of syphilis showed only a slight increase during the year 1941, averaging thirty-six per month for the first six months, as compared with an average of forty per month for the second six months. Apparently, then, in spite of great increase in the total number of the military population, the total number of new cases increased very little.

It is to be noted that, in the year 1941, new syphilis infections in the civilian population also remained almost constant, averaging 296 per month for the first six months, and 270 per month for the second six months.

Figure 4 presents the military and civilian case totals for early infection of all types, and also the monthly reports of acute gonorrhea. The civilian figures remain approximately constant throughout the year. Since California has had a great population increase during this period, the steady incidence of new infection speaks well for the civilian venereal disease control program.

The military acute gonorrhea shows a definite increase through the year—a monthly average of 180 cases for the first six months as compared with a monthly average of 250 cases for the second six months.

So many factors may influence this picture that it seems unwise to speculate on its causes. It is particularly difficult since, during the same period, new syphilis infections remained approximately the same (Figure 3). The simplest explanation is that greater emphasis has been placed upon the control of syphilis in the past few years, and that, actually, the reservoir of infections syphilis has been greatly reduced, while that of gonorrhea has been influenced to a lesser degree.

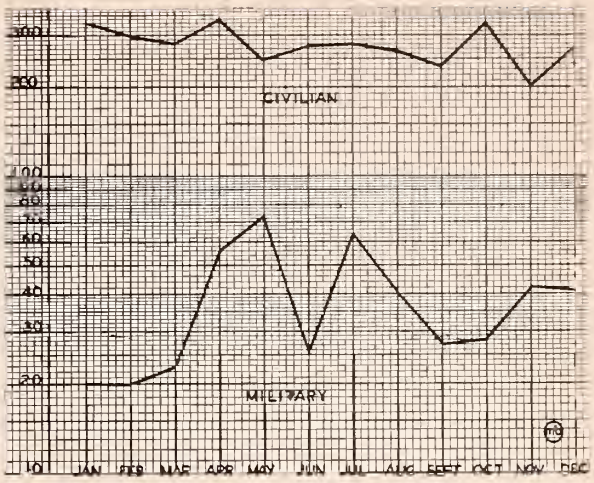


Chart 3.—Primary and Secondary Syphilis Morbidity Reports for 1941. California State Department of Public Health.

PUBLIC HEALTH TECHNIQUE AND APPROACH

The basic philosophy of public health methods in venereal disease control rest upon a simple and logical proposition. The venereal diseases are carried and transmitted by man only. There are no insect vectors and only rarely need other intermediate objects be considered. Furthermore, the venereal diseases are transmissible only during certain stages of the disease. Drugs are at hand which readily control infectiousness. It is obvious, then, that the direct aproach to control is to *find the infectious case,* and all its contacts and its sources, and treat to noninfectiousness. The essence, therefore, of the public approach can

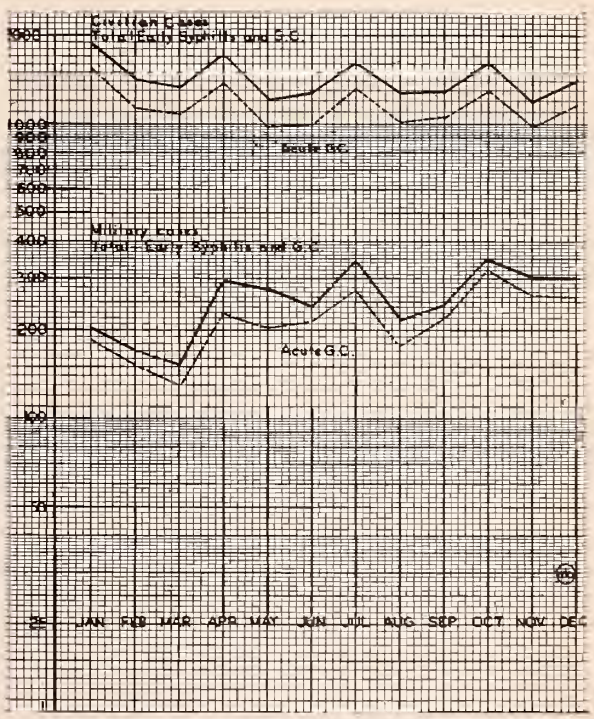


Chart 4.—Morbidity Reports of Venereal Disease for 1941: Military and Civilian.

be summed up in a few words: *"Find the infectious case."* In California a close-working relationship has already been officially established between the civilian and military control programs on this point. From both geographic and organizational viewpoints, the civilian and military programs have been synchronized in order to most efficiently find the infectious case. All instances of acute infection in military personnel are being reported to the local health departments, and also the alleged sources of these cases. The sources are immediately investigated by the epidemiologic machinery of the health departments, and the results of the investigation reported to the military at an early date. This is the crucial point of convergence of the civilian and military programs, but the plan is incomplete without the close coöperation of the practicing physician.

RÔLE OF THE PRIVATE PRACTITIONER

The practicing physician inevitably finds himself described as "the man in the field," or the "first line of defense," or the "key to the solution," etc., in almost every essay and article on the control of almost anything that might be considered. Either the authors are looking for someone upon whom to put the responsibility, or else there must be some truth in the appellation. I suspect that the latter is the case and, whether or not it is true as regards other diseases, our information would indicate that it is true as regards venereal diseases. Our data from morbidity reports indicate that more than 50 per cent of the cases of early syphilis, and the majority of cases of acute gonorrhea, are first seen and treated by the physician in private practice.

It is readily seen, then, that the management of the early case of venereal disease, from the standpoint of epidemiology and treatment (which are the foundation of venereal disease control), is the point of convergence of the efforts of the three forces for control—the military, the health departments, and the physician; and it is obvious that the success or failure of the efforts of the other groups rests in the performance by the physician of his proper functions.

The physician's duties are clear-cut:

1. To report to the local health department all cases of venereal disease coming to his attention.
2. Proper treatment of disease, and instruction to the patient to prevent exposure of others.
3. Epidemiology: to bring alleged sources of infection, and all contacts under medical scrutiny.
4. Close coöperation with health departments.
5. Routine serologic testing of patients.

The physician must always keep in mind that the venereal diseases are, for the most part, epidemic diseases, and that each infectious case is one link in what is frequently a long chain of infections. Epidemiologic studies have shown that proper study of the contacts of one individual may result in the discovery of as many as fifty other infected individuals. The infectious patient, in the physician's office, may have infected someone who will infect a soldier, unless the chain is broken immediately. It is at this very point that the coöperation of the physician, the health departments, and the military authorities is urgently needed. The physician should report promptly to the local health department. The health department must, in turn, supply personnel to assist the physician in the epidemiologic phases of the case if the physician so desires. The military authorities must promptly report all alleged sources of military infection to the health departments. In California this latter relationship is already well established and functioning in a manner satisfactory to all. It must continue.

The physician must realize (and this is sometimes difficult in the daily routine) that in venereal disease control he can play a more vital rôle than the physician in uniform, and that although formally unrecognized he is making a major contribution to the war effort.

DEFICIENCIES OF THE EXISTING PROGRAM

Hospitalization or other isolation of the promiscuous individual infected, or suspected of being infected with the venereal disease would seem to be one of the important steps in venereal disease control. Strangely, in spite of the extensive programs established, no provisions have been made for this phase. In California the civilian facilities for this purpose are nonexistent: only a few county hospitals make beds available for this purpose. To my knowledge, only one large county hospital in the State is completely coöperative in this respect. The laws of the State require that county hospitals accept such cases, but health department officials have rarely forced the issue, and no formal policy of acceptance has been established.

Under war conditions, with large numbers of transient, often indigent and infectious individuals, this need becomes doubly urgent. It appears, then, that one of the important contributions to be made by civilian medical organizations, is a coöperative plan with health departments for hospitalization of infectious venereal disease. In most instances, it will be the county or other public hospitals which must bear the burden, but this burden might be lightened by contributions from venereal disease control funds.

PROPHYLACTIC STATIONS

The value of properly and promptly administered chemical prophylaxis is generally recognized, and is officially recognized by the armed forces. There are more than one hundred prophylactic stations at Army posts in California. A serious deficiency, however, exists in the fact that there are only three such stations maintained in civilian areas such as larger cities in the State—the places where exposure most often takes place. Obviously, too much time elapses between exposure and return to station, so that the value of prophylaxis is greatly diminished. Some coöperative effort by military and civilian agencies should be exerted to remedy the situation.

Commercialized prostitution has been repressed in California, dating from early in 1941. This has

been possible through the coöperation of law enforcement agencies, the Army, the Navy, the Departments of Public Health, with the Division of Social Protection of the Federal Security Agency as the spearhead.

This factor has undoubtedly been a major one in the continued success and effectiveness of the venereal disease control program in this State.

SUMMARY

California has a well-developed and successful venereal disease control program.

Military control programs are organized and functioning.

Synchronization of military and civilian programs has been established.

The 9th Corps Area (including California) has one of the lowest venereal disease rates in the country.

The key to venereal disease control is the discovery and adequate treatment of the infectious case. The coöperation of the practicing physician with official agencies toward this end is essential for the success of the program.

Office of the Air Surgeon. Hq. A.A.F.

REFERENCES

1. Moore, J. E.: Venereal Diseases and National Defense, J. A. M. A., 117:255 (July 26), 1941.
2. J. A. M. A., 117-1892 (Nov. 29), 1941.
3. J. A. M. A., 118-824 (March 7), 1942.
4. Annual Report to the Secretary of War (Major General J. C. Magee). For the year ending June 30, 1941.

PLACENTA PREVIA*

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IN considering a subject to present to this Section, it occurred to me that the discussion of some active clinical problem might be of more value, or more in keeping with this streamlined session, than some philosophical subject that time-honored custom prescribes for the chairman's address.

What I shall have to say about placenta previa will be based upon personal experience with this complication in over 22 years of private and consultation practice.

Twenty-five cases of placenta previa have been seen during this time, an incidence of about once in 256 times. Twenty were multiparæ and five primiparæ, a ratio or preponderance of 4 to 1 in favor of the multiparæ. The majority were between 25 and 36 years of age, only four being under 25 years. There were no maternal deaths.

Fetal Morality:

There were four stillborns and four babies that died within two days, or a total of eight babies that were born dead or failed to survive. This gave a fetal mortality of 32 per cent. Of the four stillborns, three were premature from four to six weeks, while of the four that died after delivery, three were premature from two to seven weeks. Of the eight fetal deaths, six were in cases of central placenta previa.

Twelve of the patients had had bleeding on one or more occasions preceding the bleeding for which they entered the hospital. In two of these the bleeding had begun before they had reached the second month of pregnancy. One patient began bleeding when six weeks pregnant, and continued to bleed at intervals until she was 8½ months along, when she was delivered of a live baby by cesarean. Two patients bled first at 5½ months, and were carried to 7¼ and 8 months respectively. We tried to carry all cases as close to term as possible, if there was no severe hemorrhage, and were fortunate in that we did not have to deliver any patient before 7¼ months. Fifteen of our patients, or 60 per cent, were delivered prematurely, eight of them between 7¼ and 8 months and the remaining seven between 8 and 8½ months.

Two babies died in utero at 7½ months from asphyxia following a rather severe sudden hemorrhage. One patient had been bleeding a little, off and on, for two weeks, and the other for five weeks. No one can say whether their babies would have lived had we delivered them before the fatal hemorrhage in each case, but such experiences make one wonder just how long one should carry such a patient. We believe that you can carry most of these early bleeding cases up to between 7½ and 8½ months. You may lose a few babies by sudden hemorrhage, but I believe you will have allowed just as many or more to have reached a real viable stage by waiting.

Type of Placenta Previa:

There were seventeen cases of complete or central placenta previa and eight of the marginal type. Of the seventeen central previa group, there were six babies that failed to survive, three being stillborn and three dying within one hour to two days after birth. In the eight marginal previa group there was one stillborn, and one baby that died in thirty-four hours.

METHOD OF TREATMENT

Cesarean Section:

Thirteen patients (eleven central and two marginal previas) were delivered by cesarean section. Ten were multiparæ and three primiparæ. One baby was stillborn and one premature died within two days, a mortality of 15.3 per cent. This fetal mortality, however, cannot be ascribed to the method of delivery, as the stillborn was dead before the operation started, so the infant mortality percentage for cesarean was zero.

Version:

Six patients, five multiparæ and one primipara, were delivered by version. Five of them had central previas and one a marginal type. The five with central previas were all fully, or nearly fully, dilated when examined, and the deliveries were all fairly easily and quickly done. One of these six patients had a mild shock and was transfused after delivery because of this shock. Two babies

* Chairman's Address. Read before the Section on Obstetrics and Gynecology at the seventy-third annual session of the California Medical Association, Los Angeles, May 7-8, 1944.

were stillborn and two died within one to one and a quarter hours after delivery, the mothers all having central previas. This gave a mortality of 66⅔ per cent, but as the two stillborns had died before the versions were done, the corrected mortality for version was 33⅓ per cent.

Bags:

Five patients, four multiparæ and one primipara, were treated by inserting a No. 5 Voorhees bag. Four had marginal and one a central previa. In four of them the membranes were ruptured and an intraovular application of the bag was made so as to compress the placental edge against the cervix and lower uterine segment. In one patient, a para six, at term, with a central previa, the placenta was pierced through, the bag inserted, and the patient delivered a live baby in a few hours after an easy breech extraction. There was no shock with these bag patients. One baby was stillborn, and one died in thirty-four hours, it being fifty-one days premature. This gave a mortality of 40 per cent but, as the stillborn had died a few hours before the bag was inserted and, as the premature would undoubtedly have died even if delivered by cesarean, the corrected mortality for bags was zero per cent. (Note.—One patient had a bag inserted and was delivered of a live baby by version and extraction with forceps on the after-coming head. She is recorded in both the version and bag cases.)

Rupture of Membranes; Pituitrin:

There were two multiparæ with marginal previas who came under this heading. One had spontaneously ruptured her membranes one and a third hours before delivery, and was given two minims of pituitrin intramuscularly at fifteen minute intervals for two doses to stimulate her pains. She had been in labor seven and a half hours when she had her first bleeding. Vaginal examination then showed her five to six centimeters dilated, head high and a placental edge palpable on the left side of the cervix. It was then that she was given the pituitrin, because of weak pains, and she delivered a live baby thirty-three minutes after the first dose of pituitrin. She lost about 200 c.c. of blood. The other multipara was seen within two hours after she had started labor. Rectal examination revealed a soft mass in the cervix. Vaginal examination found the cervix three centimeters dilated, with the placenta on the left half of the cervical opening and the membranes on the right. There was a slight steady bleeding, so it was decided to insert a Voorhees bag. However, as soon as the membranes were ruptured, the head came right down against the placental margin, and stopped the bleeding, so the bag was not inserted. She was given three minims of pituitrin and delivered a live baby one hour and forty minutes after rupturing the membrances. She lost about 500 c.c. of blood altogether.

COMPLICATIONS

Seven patients had a stormy convalescence or fever enough to cause anxiety. Five of these had been delivered by cesarean and two by version. Six had central previas and one a marginal type. Of the cesarean cases, one had pyelitis, two had fever of undetermined cause, one had a peritonitis and a cul-de-sac abscess, which had to be opened, and one had a septic endometritis with 105° and 106° temperature on several occasions.

One of the version patients developed a labial abscess and, a few days later, an abscess under the fascial sheath of her right rectus muscle. Each of these abscesses had to be incised. The other version patient developed an almost complete anuria due to an acute cortical degeneration.

All of these patients recovered, but some were very sick. Five of them had blood transfusions, one or more times, all after delivery.

Transfusion:

Aside from the five patients just mentioned in the above group, only three others had to be transfused before or after delivery because of mild shock from loss of blood. Thus, 32 per cent of the patients had blood transfusions.

DIAGNOSIS

This may be very difficult at times. Vaginal examination is usually required, as one cannot always be sure by rectal examination whether one is feeling clots or placenta, how much of the cervical os is covered with placenta, or how far the cervix is dilated. It may be easily confused with premature separation of the placenta with frank hemorrhage, and the diagnosis sometimes is not made until at the time of or after delivery. Localization of the placenta by x-ray has been advised and used by some. We have had no personal experience with it, but reports about it are encouraging.

DISCUSSION

There has been a trend in recent years to deliver more and more patients with placenta previa by cesarean section. There is no question that cesarean is easier and safer for the baby, and that one will get a few more live babies by this method. But we must remember that there is more risk to the mother from shock and infection, such as peritonitis, and that, therefore, cesarean should not be made a routine method of delivery. It should be done primarily to get a live baby, and there is rarely any justification for doing it where the baby is known to be dead. Cesarean is the method of choice in most cases of central placenta previa, and in cases of marginal or lateral previas where there is insufficient dilatation of the cervix to insert a No. 5 Voorhees bag (usually two to three centimeters is necessary.) Also, in cases with a previous cesarean, and in cases where there is much hemorrhage, baby dead or alive, and the operating room is all set up and ready to "go", and the delivery room is not, or where there are no bags available or insufficient dilation to insert one if available and the bleeding demands action.

Version is preferable to cesarean in a few cases of central previa, where the patient is fully or nearly fully dilated when first examined. We had five such patients. Version is also indicated

in the marginal or lateral types where dilatation is complete or nearly so, the bleeding continuing in spite of rupturing membranes, giving pituitrin and the head being too high for forceps.

Bags give good results in cases of marginal or lateral previas where the cervix is dilated at least two to three centimeters, and the bleeding does not stop after rupturing the membranes. It is the method of choice in most cases where the baby is known to be dead or before the period of viability.

We had no mortality chargeable to the bag itself. We have always used a No. 5 Voorhees bag which gives the cervix a dilatation of at least eight centimeters when it comes out. The use of a smaller bag, such as a No. 3, may account for the poor results obtained by others.

The simple procedure of rupturing the membranes may suffice to control bleeding in some cases. The giving of small doses of pituitrin after the membranes have ruptured, is useful if the pains are weak and infrequent. If the patient is going along in labor, and there is little or no bleeding, she should be left alone, but everything gotten ready for transfusion, bags, version, or cesarean in case a sudden hemorrhage should force more active treatment.

In conclusion may I repeat that there is no one or routine method of treatment for placenta previa. Every case has to be individualized, and a decision reached as to the treatment after due consideration of all factors.

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PSYCHOSES FOLLOWING PROSTATIC SURGERY*

Arno G. Folte, M. D.
San Francisco

INTRODUCTORY.—It is the custom for the Chairman of the Section to prepare an erudite address based primarily on some of his own experiences. The effort, presumably, being a finished product, is not open for discussion. That routine is deviated from in that I have selected a subject that has long intrigued me, but concerning which I know little, and, judging from the paucity of the literature, others are equally ignorant. I have chosen it with the hope of acquiring additional knowledge from those present. There is no set time for the Chairman's address, and since the presentation is short, I would appreciate a free discussion from those who have had experience with the subject. In passing, I might say that all of the other essayists and their discussants will be held strictly to the time schedule.

Those who do surgery involving the posterior urethra of the aged are confronted with two main objectives, preservation of life and restoration of normal urinary function. The pathfinders in urology found the trail beset with may obstacles, but we may well be proud of the fact that we now know how to safely handle most of the pre- and postoperative complications, such as infecting toxemias, hypertension, hemorrhage, etc. In other words, in the bad surgical risks we are forewarned as to the possible morbidity and anticipate the complications. Today it is the so-called "good risks" that cause us our grief, and it is with this group that I am concerned today. A "good risk" is an apparently healthy man, over sixty years of age, whose only complaints are the symptoms of prostatism. Examination shows fair body tone, adequate renal function, a practically normal electrocardiograph tracing and little or no urinary infection. Smooth sailing is expected, but it does not always follow, and I am beginning to question the accuracy of the assigned causes of death.

Four brief case reports will illustrate the subject under discussion.

REPORT OF CASES

Case 1.—A 64-year-old farmer, active at his work, had the usual symptoms of prostatism for about one year. He had, on examination, a moderately enlarged, nonindurated prostate, and residual urine of six ounces. Phthalein output 48 per cent to 15 per cent; NPN, 30; BP, 140/85. A suprapubic prostatectomy was done. Following surgery he did well except for a mild cardiac upset on the fifth postoperative day, which responded to digitalization. He was sufficiently well to go home on the 15th postoperative day; his suprapubic sinus was closed and he was voiding normally per urethra. However, on the day of discharge he refused all food. His refusal was permanent. He persisted in his refusal to take any medication or nourishment orally until his death 20 days later.

Case 2.—A 70-year-old male, with a normal, firm, moderately-enlarged prostate, and five ounces of residual urine. Blood chemistry, blood pressure and renal function all satisfactory. He underwent intraurethral prostatic resection and regained good urinary control without residual urine. However, before leaving the hospital he showed evidence of mental upset, and delusions of persecution, and ultimately had to be committed to a State Hospital.

Case 3.—An active business executive of 69 consulted a well-trained urologist because of symptoms of prostatitis, who cystoscoped the patient in the office. The patient then went home, developed an acute retention that night, which he relieved by self-catheterization. This was followed by a bout of urinary fever, with chills, at which time he came under my care. His blood culture was negative, and he responded to treatment consisting of intravenous fluids, intermittent catheterization, and a short session with sulfathiazole. He soon urinated without difficulty, but had a six-ounce residual. There was a normal blood chemistry, and normal intravenous urographic findings, and so he was classified as a good operative risk. Before any operative work was done he became disoriented, lost all interest in his business, and developed a well-marked amnesia. After 40 days observation he was transferred to a Federal Hospital, where he died two months later.

Case 4.—A 79-year-old retired druggist, whose only subjective complaint was nocturia. There was a large, benign prostatic hypertrophy, but the residual of urine was less than two ounces, and he was advised against surgery and kept under bimonthly observation. Because a successful suprapubic prostatectomy had been done on

* Chairman's Address. Read before the Section on Urology at the seventy-third annual session of the California Medical Association, Los Angeles, May 7-8, 1944.

one of his friends, he insisted upon a similar operation. His phthalein output was normal and his blood NPN was 30 mg. As a matter of extra precaution, a three-stage prostatectomy was planned. A régimé of sulfonamide therapy with forced fluids was instigated. There was catheter drainage for a few days. Following this, a simple cystotomy was done under low spinal anaesthesia. (The operation took only a few minutes, the space of Retzius was not opened, and the peritoneum was not touched.) Partial anuria and paralytic ileus occurred during the first postoperative week, with slight atelectasis. The anuria responded to hypodermoclysis of normal salt and intravenous glucose, the paralytic ileus to prostigmin and colon flushes, and the atelectasis to carbon dioxide inhalations. However, the patient refused to eat or drink, and kept up a continual hum, or, as he expressed it, "was singing a little song." Wagenstein tube drainage was instigated. On the 11th day evidences of cerebral irritation, tremors, etc. appeared; continuous oxygen was started, but he died on the 13th day, without much difficulty.

DISCUSSION

These four cases of psychosis occurred in elderly men who had evidence of prostatism and who, according to recognized standards, would all be classed as good surgical risks. However, their mental states following preparatory or operative procedures were more disastrous than if they had been prostatectomy deaths. Many others, burdened with poor renal function, infection, hypertension and other complicating conditions make complete recoveries.

Those of us who have practiced urology for several decades well remember the bitterness the annual suprapubic versus perineal prostatectomy low mortality discussions create. It was alleged that most of the deaths followed the first-stage cystotomy, and these were not counted by the suprapubic advocates, while they, in turn, stated that the deaths from "urethral fever" due to the indwelling catheter passing through the posterior urethra should be classified as operative deaths. The literature records a series of many hundreds of successful prostatectomies with no deaths. However, those are only operative statistics. What we are primarily interested in is how best to take care of the next hundred cases of "run of the mill" prostatism that come to our offices.

Rather than a low prostatectomy death rate, the general public is interested in a low prostatism death rate. Hence, the minute a man is examined he should be placed on our mortality list. If his death is due to a psychosis following catheterization for an acute retention, it is still a prostatism death. These psychoses in the elderly male, if they had not been preceded by a surgical episode, would ordinarily be classed as diffuse, senile dementias. Much has been written on the diagnosis and treatment of the senile dementias. The psychiatrists and geriatricians point out that all these changes of character have a gradual insidious development, and many may be arrested by proper treatment before terminal changes occur. The most illuminating statement I could find in the literature was by Hugh H. Young (Practice of Urology, Vol. 1 p. 480): "Psychoses furnish a very perplexing problem in prostatic cases. The mental picture is occasionally very difficult to explain and the etiology impossible to interpret. The psychosis may be due to impaired renal function, chronic infection, and occasionally low grade septicemia. In some instances, however, chronic psychosis with marked disorientation persists, with little or no evident cause", and that is of little help.

I have attempted to study the prepsychotic characteristics, such as easy fatiguability, lack of attention and inability to concentrate, a tendency to repetition, etc., as a guide to future mental breakdown. But these, plus increasing conservatism, decrease in mental elasticity, and persistence in set habits are all so frequently present in cases of prostatism that I have found them of no prognostic import. In several patients with well-advanced prepsychotic changes no change occurred in their mental condition following surgery. A few improve somewhat, due to a lessening of toxic factors and the judicious use of a high vitamin diet. Large doses of testosterone propionate have been advised. However, in view of the fact that such are presumed to promote the formation of cancer, I hesitate to become too ardent an advocate of this therapy.

The United States Government has found it necessary to increase several fold the number of psychiatrists on the induction boards, and now we hear that there is to be another screening of the men before they go into battle. If this type of examination is necessary in handling the "flower of our youth", I am beginning to wonder if a psychiatric examination is not even more important than an electrocardiogram on a man with prostatism who is contemplating undergoing major surgery.

I question that the types of postoperative psychoses occurring in the aged I have presented are true senile dementias. Such are physiological breakdowns usually accompanied with arteriosclerotic brain changes. Here we are dealing with an acute, rather fulminating affair, progressive, and usually terminating fatally in a few weeks. It is not dependent on poor renal function, if phthalein excretion, blood chemistry and intravenous pyelography can be accepted as a correct estimate of renal reserve.

I would suggest that all postmorten examinations on patients who have succumbed following any type of lower urinary tract manipulations include a study of the brain. The only series encountered was that of J. C. Negley (personal communication). The pathologist reported many scattered petechial hemorrhagic areas in the brain substance, and the diagnosis was toxic encephalitis.

This paper concerns only the patient who, according to urological standards, is a good surgical risk, but following any posterior urethral manipulation develops evidence of mental breakdown, and subsequently succumbs. He is logically a surgical prostatism death, but is never, or rarely ever, included in the statistics. What is the pathological cause of the psychosis, how can we identify the cases in advance, and how can the psychosis be prevented?

1063 Flood Building.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

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OFFICIAL NOTICES

HOUSE OF DELEGATES: FIRST MEETING

Minutes of the Forty-first (41st) Annual Session of the House of Delegates of the California Medical Association

Held at Hotel Biltmore, Los Angeles, California Sunday, May 7, and Monday, May 8, 1944

First Meeting, Sunday Noon, May 7, 1944, in the Music Room, Hotel Biltmore

The First Meeting of the House of Delegates of the California Medical Association, 73rd Annual Session, was held in the Music Room of the Hotel Biltmore, Los Angeles, California, Sunday, May 7, at 12:00 o'clock. The meeting was called to order by E. Vincent Askey, Speaker, who presided.

SPEAKER ASKEY: The House will be in order please. I think all of you Delegates and members of the Association know the reason for the calling of the House to order at this time. The constitutional requirements are that there shall be 24 hours elapse between the meetings of the House of Delegates for the conduct of certain business. It is for that purpose that we are calling the House to order and constituting it for assembly at this time.

Is the Chairman of the Credentials Committee ready to report as to whether there is a quorum present or not? Dr. D. D. Roos is chairman.

DR. D. D. ROOS: Mr. Speaker, the Committee on Credentials wishes to report that we have over 75 delegates now registered which constitute more than a quorum for this session. I, therefore, move that the Report of this Committee be taken as the roll call for this session.

. . . The motion was variously seconded, put to a vote and unanimously carried. . . .

Reference Committees

SPEAKER ASKEY: It is carried. The roll call is established as by the Report of the Chairman of the Committee.

At this time I wish to announce the members of the various Committees of this House. As you know, the By-Laws provide that there shall be three Reference Committees. The first Reference Committee is known as Reference Committee Number 1. Its duty is to take charge of the reports of all officers and the Standing and Special Committees of this House and of the Association. It is within the province, however, of the Speaker to refer to any of these Reference Committees any business put before this House, the House concurring, and it might be that some of these resolutions which might later be entered in the House or introduced would properly come before one of the other committees rather than the Resolutions Committee. If that is so, your Speaker will refer it to one of the appropriate committees and you have the right to concur or disagree.

Reference Committee No. 1 consists of:

Dr. W. S. Cherry, Chairman, San Bernardino.
Dr. Carl L. Mulfinger, Los Angeles.
Dr. C. Max Anderson, Hermosa Beach.

Dr. Cherry, do you have any announcement?

Dr. Cherry: We will meet tomorrow at eight o'clock in a conference room, the number of which will be posted on the bulletin board.

Speaker Askey: *Reference Committee Number 2* is the Reference Committee to which is referred the Council's Report and the Report of the Secretary-Treasurer and the Excutive Secretary. The members of that Committee are:

Dr. J. C. Doyle, Chairman, Beverly Hills.
Dr. H. R. Madeley, Vallejo.
Dr. K. C. Brandenburg, Long Beach.

Reference Committee Number 3 is that committee to which all resolutions, unless otherwise assigned by By-Law changes and Constitutional changes, are referred. This Committee consists of the following:

Dr. C. Kelly Canelo, Santa Clara County.
Dr. William M. Gibbs, Glendale.
Dr. W. H. Newman, San Diego.
This committee will meet in Conference Room 6.

That is where these resolutions will be discussed. It is your duty to discuss and bring before this Committee your views on any resolutions which are presented to this House. It is your duty, if you have any opinions on any of these resolutions, to appear before that committee and give them the benefit of your knowledge. They will meet this afternoon from 5 to 7 in Conference Room 6 for hearings if you wish to discuss any resolutions that may be entered this afternoon. They will also meet Monday morning, tomorrow morning, from 8 to 10 A.M., for hearings on any of these resolutions. . . .

Speaker Askey: I just do want to say your Speaker recognizes the extreme duties that you have placed upon him. . . . It is a difficult position for me at this time when things are in a turmoil and when some of us think very strongly in regard to certain matters. It will be my duty and my hope and my intention to deal fairly with each and every member of the California Medical Association. I may believe one way but it is not my right to have an opinion to speak to you about it as I am Chairman. I, therefore, will put my personal ideas in regard to this in the background. This is a democratic organization and that means that we are to abide by the wishes of the majority. It also follows that if we are to abide by the wishes of the majority the minority must be given full right to be heard. That principle will be followed by your Speaker.

I made a very grievous omission for which I am very sorry. I did not announce the members of the *Credentials Committee*. The Members of the Credentials Committee have a very important work and they are doing it at this time. You have heard the report of the Chairman of the Credentials Committee which is Dr. D. D. Roos of Corona. The other members are Dr. F. F. Ragsdale of Paso Robles and Dr. S. G. Kreinman of Los Angeles.

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The other matter to which I wish to call your attention is this. When speaking to this House of Delegates in order that each man may be heard and heard clearly, and for that reason we have a microphone. If you wish the floor of the House, after you are recognized by the Chair, please come forward to the microphone, announce your name and the county that you are from. That is very important because the stenographer who is keeping an accurate record of everything that is said in this room must have that information. I appeal to you not to try to speak from the back of the room even though you have a very fine voice.

The House having been convened and duly constituted, it is in order, if you wish any lunch, to move that we recess until 1:30 P.M. today to re-convene at that time for the business of the House. Do I hear such a motion?

. . . The motion was made, put to a vote and it was unanimously carried. . . .

. . . The session adjourned at 12:20 P.M., to reconvene at 1:30 P.M. . . .

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Post-Recess Session of First Meeting of H. of D.

. . . The First Meeting of the House of Delegates resumed at 1:30 P.M. . . .

Speaker Askey: The House will be in order. We have a great deal of business to attend to. I will ask each one of you to assist in speeding it because we have waited as long as possible and it may be that you will want a lot more time than we have.

I am going to, if it is the will of this House, now change the order of business in order to conserve time in view of the fact that the President has not yet arrived, I am going on to Item 12 on the agenda, and call on our general counsel, Mr. Hartley F. Peart, for his report.

Report of General Counsel: Mr. Hartley F. Peart

Legal Counsel Peart: Mr. Speaker and Members of the House of Delegates: In view of the necessity of conserving time at this session, I would merely refer to your reports for the year printed in the "Pre-Convention Bulletin" of the April issue of California and Western Medicine, were it not for the fact that there is one item, the fee schedule of the Industrial Accident Commission that is of such importance to demand a brief supplement. . . .

(Editor's Note. Mr. Peart's report was recorded by stenotype recorder. The transcribed report is on file in the Association office. Due to lack of space, its publication may be deferred to a later issue of California and Western Medicine.)

Speaker Askey: Thank you, Mr. Peart. The report of Mr. Peart, our counsel, most of which has been printed in our "Pre-Convention Bulletin." His report, which has just been given as an addendum, will be referred to Reference Committee No. 1.

I would like to ask at this time that if there are any additional reports made by chairmen of committees or resolutions from the floor they be submitted in triplicate. . . .

At this time I will call for the Report of the Council, Dr. Philip K. Gilman, who wishes to present some addenda to his published report. Dr. Gilman!

Report of the Council: Dr. Philip K. Gilman, Chairman

Council Chairman Gilman: Mr. Speaker and Members of the House of Delegates: In addition to the report which has been printed in the "Pre-Convention Bulletin," there are several items to be added.

(1) *A Resolution: Regarding United Public Health League:*

Resolved, That the House of Delegates of the California Medical Association hereby fully approves and endorses the creation of the United Public Health League and the full participation of said League by the California Medical Association; and be it

Further Resolved, That the Council of the California Medical Association is hereby instructed to continue active support, both financial and otherwise, of the United Public Health League.

(2) *A By-Law Amendment: Re Grievance Committees:*

Another matter is an amendment to Sections 3(a) (2) of Chapter II of the By-Laws of the Association which is merely a correction of an error in time.

Paragraph 2 of sub-section (a) of Section 3 of Chapter II of the By-Laws of this Association, California Medical Association, is hereby amended by deleting from said paragraph 2 the sentence reading as follows:

"At the expiration of the terms of office of the respective members of such Committee successors shall be

elected in like manner to serve for a period of one (1) year each."

and by substituting in lieu of said sentence the following:

"At the expiration of the terms of office of the respective members of such Committee successors shall be elected in like manner to serve for a period of three (3) years each."

(3) *Concerning Functions of the Council:*

If I may be allowed to make one or two remarks, it has been brought to my attention as Chairman of the Council, from one or two sources, that the Council has been considered recently to have acted in a high-handed manner and to have exceeded its powers. That is in regard to appropriations and other matters. Between meetings of the House of Delegates which occur once each year, your Council represents the Association and acts subject to approval or disapproval, of course, of said House of Delegates. Between meetings of the Council, which are held at frequent intervals, the Executive Committee of the Association acts in place of that body. The members of the Council are probably much closer to the affairs, they can get the feel of the situation more clearly and with greater rapidity can act than a larger body, and it is the privilege, of course, of the House of Delegates to replace any or all of the Council as their terms expire. I just merely mention that as it has been brought to my attention today and yesterday that there was a feeling on the part of some of the members that the said Council was acting in a high-handed manner.

Speaker Askey: You have heard the report of Captain Gilman, Chairman of the Council, and the report of the Council, as well as the first resolution which came added to an addendum. That will be referred to Reference Committee No. 2.

The resolution proposing a change to the By-Laws, added as an addendum, will be referred to Reference Committee No. 3.

At this time we have before us the *Report of the "Trustees for the California Medical Association"* and which has been printed in the "Pre-Convention Bulletin." Are there any addenda to that, Captain Gilman?

Captain Gilman: No.

Speaker Askey: If not, it will be referred to Reference Committee No. 1.

Reports of Standing and Special Committees

The next is the *Report of the Auditing Committee* which has been published in the "Pre-Convention Bulletin." Is there an addendum?

Dr. John W. Cline (Chairman, Auditing Committee): No.

Speaker Askey: In that case, the report will be referred to Reference Committee No. 1.

Next is the *Report of the Secretary-Treasurer* which has been published. Are there any additions?

Dr. Kress: No addenda.

Speaker Askey: In that case, the report wlil be referred to Reference Committee No. 2.

(Editor's Note. In these printed minutes of the meetings of the House of Delegates, in order to conserve space, it may be assumed that no addenda were submitted by the respective Chairmen of Committees, to the printed reports which appeared in the "Pre-Convention Bulletin." Routine motions on acceptance, etc., will be omitted in California and Western Medicine.)

The next is the *Report of the Executive Secretary.* . . .

Referred to Reference Committee No. 2.

Next is the *Report of the Editor.* . . .

Referred to Reference Committee No. 1.

Next is the *Reports of District Councilors and Councilors-at-large.* These have all been published in the "Pre-Convention Bulletin." Are there any additions by any of the Councilors or Councilors-at-large? Hearing none, it is the desire of this Chair that those reports be referred to Reference Committee No. 1.

* * *

We still are without our President. I am looking around because we are really coming now, gentlemen, to what I believe is the *pièce de résistance* of the afternoon. You will remember in the call of this meeting it was stated that we would have the final report from the Foote, Cone and Belding Survey. At this time I wish to introduce to you the Vice-President of that organization, Mr. John R. Little, who will report to you upon the survey made by his organization and with such recommendations as he may see fit to give you. Mr. John R. Little!

Report on Public Relations Survey of California Medicine

By Foote, Cone and Belding: Mr. John R. Little, Los Angeles, Reporting

(Editor's Note. The "Interpretative Report" presented to the Council by Mr. Little appeared in the May issue of California and Western Medicine (pages 241-245). Due to lack of space in the current issue, the transcription of the report made by Mr. Little to the House of Delegates is set aside for later publication.)

Mr. Little: In conclusion, ladies and gentlemen, responsibility is a twin and the name of its brother is opportunity. They go hand in hand. Seize them both the opportunity and the responsibility. We promise you, of course, blood, sweat and tears but also loyalty and satisfaction such as you have never experienced before. We hold it out to a result which most certainly will crown your careers with new dignity and new prestige.

Thank you very much. (Applause.)

Speaker Askey: Ladies and gentlemen, it is almost a sacrilege for me to say any words to intelligent people in regard to the matter after hearing Mr. Little's report. I am really at a loss as to what to say. I hope that this House will not be at a loss as to what to say because this afternoon, before this group, is the opportunity that Mr. Little spoke to you of. It is within your province now to start. Let's forget everything that lay behind. The men whose marital status, as he says, of whose parents was questioned are my friends today. They are your friends. If we start now and say that this is the end that is your province to decide it. It is not my province and, therefore, I am not going to say anything more. I am merely going to call your attention now to the fact that you will have later in this afternoon's meeting an opportunity to introduce before this House resolutions in regard to this matter, to instruct your Council or such committees as you may desire, as to what action you desire.

You know that the California Physicians' Service has been changed. It was changed under the direction of a committee, the chairman of which was Dr. John W. Cline, at that time. I am going to ask Dr. Cline to report to this House as to the present situation of C.P.S. regarding what action was taken and then the Order of Business says that this House will then recess and the administrative members of C.P.S. will convene. I do not wish to take any more time from Dr. Cline. I will now introduce to you Dr. Cline, Chairman of the Council Committee to see to the changes of C.P.S. Dr. Cline!

(Editor's Note. The remarks by Dr. John W. Cline, San Francisco, are here inserted because of their special references to California Physicians' Service. The minutes of the new Administrative Board of C.P.S. also appear in this current issue. Readers who have not scanned the Interpretative Report made by Mr. Little, which appeared in the May issue of California and Western Medicine (pages 241-245) should do so, if

they wish to get a better orientation of proceedings by the House of Delegates of C.M.A. and Board of Administrative Members of C.P.S.)

Dr. John W. Cline: Mr. Speaker, Mr. Little and Members of the House: . . . All of you received the digest and the interpretative survey which Mr. Little gave to us to publish. Mr. Little's summary of the digest is based upon a very careful analysis following the accepted procedures with the balances and safeguards that are utilized to allow the interpretation of the results within a fraction of 1 per cent. It was after Mr. Little's report to the Council or about simultaneously with it that we heard from Mr. Read concerning the situation in Washington. We had been aware, as was discussed in this room at the convention held last year, that C.P.S. did not measure up to the doctors' idea of the form it should take. Therefore, the Council appointed a committee which consisted of your President, the Chairman of the Council and myself, to study and report on proposed changes in C.P.S. In his address, Mr. Little outlined suggestions for change in the personnel, the intra-office organization and in some of the minor policies in C.P.S. We felt that those matters were, naturally, in the province of the Trustees of C.P.S. and that we should concern ourselves with general principles. We felt, that the Trustees of C.P.S. purposely had been set up apart from the California Medical Association at the outset. The former board of administrative members who were the source of the final responsibility for C.P.S. also were set up as separate from the California Medical Association House of Delegates. It was our opinion that if the House of Delegates were constituted as the administrative membership group, it would bring the control of C.P.S. into harmonious relationship with the medical profession and that whenever questions arose concerning C.P.S. which might cause dissatisfaction or disagreement among members of the California Medical Association, they could be discussed thoroughly and completely on the floor of this House where appropriate action could be taken.

This program was adopted by the Council and then it was decided to acquaint the individual county societies, as best we could, with that program. This was also covered in that brochure which was sent out. For the same purpose we sought a man to go to the county societies to present these problems. Mr. Ebersole went out as an employee of the Council, having nothing to do with C.P.S., to inform you of the situation as it existed. We are now about to go into recess and become the administrative members of C.P.S. instead of the Delegates of the California Medical Association.

There has been no meeting of the administrative members of C.P.S. for two years. There are, therefore, eight Trustees to be elected at this time. For the purpose of expediting business, it is the recommendation of this committee that a Committee on Resolutions and Nominations be appointed by the President of the California Physicians' Service as soon as the Administrative Members convene. Further, that such resolutions as may be introduced be referred to that Resolutions Committee; also that the Resolutions Committee make nominations for members of the Board of Trustees. Resolutions arising in the House of Delegates relating to C.P.S., should be only of the type which would memorialize, advise or suggest to the C.P.S.

I think what I have told you covers the principal points that you wished.

Speaker Askey: Thank you, Dr. Cline.

The Chairman will try and reiterate, just for the point of emphasis, the steps that Dr. Cline has said. The Delegates and Alternates elected to the House of Delegates of the California Medical Association and seated are automatically then Administrative Members of the C.P.S. In addition, the officers of the California Medical Associatin are Administrative Members. Therefore, this House of Delegates will soon go into recess at which time the same members will retain their seats and you will then be seated and are seated as Administrative Members of the California Physicians' Service. The chairmanship will be taken over by the President of the California Physicians' Service, Dr. Ray Lyman Wilbur. That is clear, I hope. Are there any questions at this time before I declare a recess? (No response.) I hereby declare a recess of the House of Delegates of the California Medical Association which will adjourn until the meeting of the Administrative Members of the California Physicians' Service. The House is in recess.

At this time I will call on Dr. Wilbur to take the Chair.

* * *

. . . The convening of the Board of Administrative Members of the California Physicians' Service followed immediately, Dr. Ray Lyman Wilbur, President, presiding. . . .

Recess—Meeting of Administrative Members of California Physicians' Service

(Editor's Note. For minutes of the two meetings of Administrative Members of California Physicians' Service, Dr. Ray Lyman Wilbur, presiding, see standing department on C.P.S. (in this current issue on page 329).

* * *

Post-Recess Meeting of C.M.A. House of Delegates

. . . The House of Delegates re-convened at 3:30 P.M. . .

Speaker Askey: Our President, Dr. Schaupp, has been unable to be with us as he is presiding at the General Meeting. It will be my pleasure to introduce him to this body. His address of this morning will be directed by your Speaker to be inserted in the Minutes of this House of Delegates. If there is no objection, it is so ordered.

(Editor's Note. President Schaupp's address, "Medical Care of Migratory Agricultural Workers," appeared in the May issue of California and Western Medicine, on pages 238-241.)

Reports of Standing and Special Committees
(Continued)

The next order of business is the *Reports of the Standing and Special Committees of the California Medical Association.* These committees' reports have all been published in the "Pre-Convention Bulletin" and unless there are other addenda to be added by the chairmen of these committees they will be referred to the proper committee. I will read the names of the committees, then wait a second for any addendum, and then if I hear none, the report will be referred to the proper committee, which as regards Committee Reports, is to Reference Committee No. 1.

Committee on Associated Societies and Technical Groups—John V. Barrow.

Committee on Audits—John W. Cline.

Committee on Health and Public Instruction—John Ruddock.

Committee on History and Obituaries—Morton R. Gibbons, Sr.

Committee on Hospitals, Dispensaries and Clinics—J. Norman O'Neill.

Committee on Industrial Practice—Donald Cass.

Committee on Medical Defense—Nelson J. Howard.

Committee on Medical Economics—Glen F. Cushman.

Committee on Medical Education and Medical Institutions—B. O. Raulston.

Committee on Membership and Organization—L. A. Alesen.

Committee on Postgraduate Activities—F. S. Clough.

Committee on Publications—George W. Walker.

Committee on Public Policy and Legislation—Dwight H. Murray. Dr. Murray!

(Editor's Note. As with several other reports presented to the House of Delegates, the address by Dr. Murray, owing to lack of space, must await publication in a later issue of California and Western Medicine. Below appear only the concluding comments by Dr. Murray.)

Dr. Dwight Murray: How far do the members of the California Medical Association want to go? Many members have told me that they wanted the Washington Office continued even if California has to go at it alone. Our biggest fight in Congress is still ahead. It is going to take time to build good and permanent public relations there and regain the ground lost in recent years. It is our advice and it is our determination that we are going to carry on with this office in our own way until such time as the American Medical Association decides to do it in the way it should be done. Whether they can do it, whether they know how to do it, or whether they want to do it is a definite question but, believe me, we are going to stay in there until it is done.

I want to say this to you and I would like to hear some action from this House of Delegates. Congressman A. L. Miller of Nebraska who is a Past President of the Nebraska State Association, has been on the job and noticed all of these troubles. He feels there is one way to correct some of your troubles and I think he is right and that is to take all medical authority out of the different bureaus. He thinks that the Children's Bureau of the Bureau of Labor should be put under Public Health where it belongs. He has introduced such a bill before Congress and I should like for this House of Delegates to see fit to write a letter commending Congressman Miller on that action.

Mr. Speaker, I would like to yield the floor to Mr. Ben Read, Secretary of California Public Health League. I realize that it has to be through the unanimous consent of the House before he can address the House of Delegates, but I should like for that to be done. Thank you very much (Applause.)

Speaker Askey: You have heard the request of Dr. Murray that Mr. Read be given unanimous consent to speak to this House.

. . . It was moved, seconded, put to a vote and carried that Mr. Read be given unanimous consent to speak to the House of Delegates. . . .

Speaker Askey: Mr. Read, will you please come forward?

Mr. Ben Read: Officers and Members of the House of Delegates: There is really little I can add to what Dr. Murray has told you except a lot of things that have happened in Washington. As he told you, we received a very fine welcome there, particularly from the District of Columbia Medical Society. They gave us fine assistance. The welcome was indeed very gratifying. The Hospital Association told us that if we could not find an office we could come over and use half of a desk they had. The same thing applied to the Dentists, as well as everybody there.

When the various states notified their Congressmen we had opened offices in Washington and before we had an opportunity to call on them we had several telephone calls from Congressmen and Senators welcoming such an office, saying it should have been done a long time ago, and telling us to call upon them if they could be of any assistance to us. We feel there was a demonstrative need for an information bureau on Washington medical legislation as it might effect the six Western States. We were asked by representatives of the American Medical Association if we were going to speak for all and we said, "No, we were speaking only for the situations in the six States which we represented and we would report only to them."

Washington is just Sacramento only on a larger scale. It is, perhaps, a little bit better organized. They conduct their business on a little bigger basis and they have the equipment to do it. When you make a date with a Senator or Congressman he is glad to see you; he gives you the proper time and attention to discuss your problem with him and it is all handled on a very efficient and business-like basis. The bugaboo about it was that there seemed to be an undercover contact man about and we were told what would happen to us but nevertheless they seemed awfully glad to see us and they wanted to know what the doctors were doing in their district, what they were thinking about and to get their reaction. . . .

You will hear a little later about the E.M.I.C. program from Dr. Benbow Thompson, of Los Angeles. I do not want to enter into that because I think that will probably be reported to you in detail.

It has been told to you earlier that the Wagner Bill is sleeping in committee and in its present form it will no doubt continue to sleep there but through some special connections we are able to make we can give you a little of the low-down on this. We have found out there is a group in the Social Security Board that is very determined to put over a plan of socialized medicine. This group is developing all the propaganda in behalf of the Wagner Bill and in letters that are received by Congressmen they realize that we will probably not get it in its present form but, as was pointed out, there will be other Wagners and other Murrays and other Dingles and probably in 1947, 1948 and 1949 we may see them in operation.

Recently word was broadcast that England was going to present a plan of national health this year and that they were not going to wait until the end of the war. If you have not seen it, I suggest you read it as it will really open your eyes. If they adopt this in England, you will see the pattern very quickly adopted in this country. California and Western Medicine has printed items about this.

The situation as described by Mr. Murray is quite accurate. Our "United Public Health League" organization is now more or less on a temporary basis. We have the respect and confidence of the members of Congress from the Western States. These Congressmen want assistance and information and it is going to be necessary to decide how much information they are going to get from here. I don't believe there is anything I can offer further. I could talk here for quite a while and tell you a lot of interesting things and sidelights that go on in Washington but we can, perhaps, do that better in small groups. If there are any questions, I would be glad to try to answer them.

Speaker Askey: Thank you, Mr. Read.

The *Report of the Committee on Public Policy and Legislation* as given by Dr. Murray and Mr. Read will be referred to Reference Committee No. 1.

At this time the Chair will rule that the Order of Business may be altered unless there is an appeal and, for the sake of continuity, apropos to Dr. Murray's talk, we will hear from Dr. William Benbow Thompson, of Los Angeles, who appeared in Washington at the request of the Chairman of our Council in regard to the E.M.I.C. program.

Dr. Thompson!

* * *

E.M.I.C. Program:

Dr. William Benbow Thompson: Members of the House of Delegates: Possibly I should introduce myself and my relation to this program by stating how it occurred that I went to Washington. There was a meeting last November of members of the Committee on Maternity and Infant Welfare for the States of Califor-

nia, Arizona, Idaho, Washington and Oregon. This was in San Francisco at the California Medical Association offices. At that time there was passed a resolution relative to the E.M.I.C. Program which in essence demanded that or asked that an allotment for hospitalization and physicians' fees be made to the individual physician rather than furnished by the State Board of Health.

At that time we discussed the possibility of having further conferences with other western state representatives as to whether we could not have a representative at Washington when the matter came up. Dr. Albert Holman, of Portland, was one of the delegates of this session and his uncle happened to be Senator from Oregon so that there was a nice tie-up there. Dr. Holman called up his uncle and then he discovered he could be subpœnaed and then they spoke to me as to whether I would be able to appear before the Senate Appropriations Committee for their hearing. I began gathering all the information I could and, of course, talked to Dr. Kress concerning what information was in the files of the California Medical Association. It was then decided by Senator Holman that we should appear before the House Appropriations Committee and we were informed as to the time the hearing would be held. We were subpœnaed, however, for that.

Mr. Read of the Public Health League had gone over what I expected to present. I consulted with him as to the form in which it was to be presented and had laid a foundation for my appearance there in unmistakable fashion. I may be the first one of this group to have had direct contact with your Washington office and I wish to state here and now that it is a service that we cannot afford to do without. Because of his counseling I had prepared a beautiful 19 pages on the feeling that we have concerning the E.M.I.C. program. Mr. Poulson who has been mentioned as the Hollywood man in Congress took me to the members of the Committee before the hearing on the 27th. We gave each one of these Congressmen a copy as it was entirely too long to be presented the next day. They made a preliminary study of that information, of course. Again, because of Mr. Read's interest and preliminary work I was the second name in the box. There were 13 individuals who spoke on this subject and my name was the second name called. Inasmuch as the first man discussed only some administrative detail and in a very short order I was in a spot. In a very definite sense I had the presentation to make and was then cross-examined for the next hour and fifteen minutes; in fact, we took up the whole morning trying to answer the questions that the committeemen proposed. . . .

Consequently, what I am saying is distinctly off the record and I cannot be quoted in this matter; otherwise, it might be construed as being a violation of the confidence that some of these Congressional committees have. They have a high degree of touchiness on points of that sort and while I would not want to say out loud to the members of the Bay Area that I would not like to live up there, I still would not want to live at Alcatraz. Therefore, some of my remarks will be somewhat vague and not specific and to the point.

Possibly you would be interested to know who did appear since that definitely is on the up and up. Dr. Ruling, a Health Officer of the District of Columbia, spoke before my time and then in the afternoon Dr. Bauer spoke. I would like to here say that advance information had been given to Dr. Bauer that I would be on hand and I had been asked to get in touch with him. They arrived at 8:45 A.M. and this hearing was at ten o'clock. Since I was unable to reach them at their hotel; as a matter of fact, they went to a different hotel than they had previously informed us they would be at, and I went over to the Chambers early in the hope of maybe making a united front, but I did not see them beforehand. We milled around in the corridors and those of us who knew someone else talked to them. There was no program laid down whatever. It was purely an individual catch-as-catch can affair and there was not the leadership or division of discussion items that I felt there should be.

There was Dr. Bauer, Dr. Kennedy, of Rochester, Minnesota, Dr. Quigley of New York, Dr. Mount of New Jersey, and Dr. Pause. They all presented resolutions calling for an allotment to the dependents. I think I can say that much. Then we had Dr. Bernheim asking for an improvement in medical care; Dr. Eastman of Johns-Hopkins, and now here is one queer thing. We had Mrs. Anna Pushner of the American Legion, Mrs. C. B. Low of the Parent-Teachers, Miss Elisa Bernard of the W.C.T.U. and Miss Elinore Fowler of the C.I.O. These are people who are interested in maintaining the Children's Bureau program and they represent a lot of voters. Miss Fowler pointed out that there are 1,200,000 members in the armed forces and that these men were very much interested in knowing what hospitalization and maternity care could be offered. . . .

That, in brief, is about the only report that I can give. There will be a second hearing, that is, before the Senate Sub-committee on Appropriations at which Dr. Holman of Portland will be in attendance and there will be other conference meetings where it definitely will be thrashed out but probably at that time we will have comparatively little opportunity to present our case. It seems to me that if we unite upon the thing that we may have some hope of getting somewhere. Then we will have a ray of hope in front of us but if we simply state the Medical Profession is unalterably opposed to the idea of payments by the central office directly to the physician, then we are simply providing the Children's Bureau with the tool by which they are going to crucify us and don't for an instance think we are not going to be crucified if there is opposition throughout based this matter and Congress and the Bureau is going to publicize it as a fine argument purely and simply. . . .

(Editor's Note. For additional report, see page 305.)

In Conclusion

Dr. Wm. Benbow Thompson: That, I think, constitutes my report and thank you very much.

Speaker Askey: Thank you very much, Dr. Thompson. That report will be referred to Reference Committee No. 1.

The time is drawing short. We still have a good deal of business. I am going to ask each of you to be brief and to the point as much as possible in order to accomplish the point which you wish to make.

Reports of Standing Committees (Continued)

The report of the *Committee on Scientific Work*, George H. Kress.

The Report of the *Cancer Commission*, Harold Brunn.

Reports of Special Committees

Speaker Askey: The *Committee on Physicians' Benevolence* Report, Axel E. Anderson, Chairman, will be referred to Committee No. 1.

May I say at this time, and which is very apropos, that the President has handed me a check for the California Medical Association Medical Benevolence Fund, which was given by the Woman's Auxiliary, in the sum of $1,041.58. I think they deserve a hand. (Applause.)

Report of the *Committee on Industrial Fee Table*, Philip K. Gilman.

Report of the *Committee on Maternity-Pediatric Plan of Federal Children's Bureau*, Karl L. Schaupp.

Report of the *Special Liaison Committee of the C.M.A.*, Philip K. Gilman.

Report of the *Committee on Osteopathy*. John W. Cline.

Report of the *Committee on Public Relations Survey*. Philip K. Gilman.

Report of the *Committee on Vocational Rehabilitation*. J. B. Harris.

Report of the *Committee on Medical and Hospital Care for Low Income Bracket Groups*. R. Stanley Kneeshaw.

Report of the *Committee on Permanente Foundation Hospitals*. Lloyd K. Kindall.

Report of the *Committee on Postwar Plans of Medical Service*. C. L. Emmons.

Report of the *Committee on Public Relations Publicity*. Stanley K. Kneeshaw.

Report of the *Committee on Revision of A.M.A. Code of Ethics*. Lowell S. Goin.

Report of the *Committee on Postgraduate Courses for Military Members*. C. L. Emmons.

That finishes the reference of our Standing and Special Committees.

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Resolutions and New Business

SPEAKER ASKEY: This brings us to the time at which the House is now open for RESOLUTIONS AND NEW BUSINESS.

May I call your attention now to the fact that it is the understanding that any resolutions which would have to do with the type of service which might be given under the C.P.S. set-up under any type of formula or change should not be presented to this House but should be presented to the Committee. This Committee, you will remember, was composed of Dr. Bruck as Chairman, Dr. Crane and Dr. Powell. Dr. Bruck states that the Committee will meet immediately after the meeting of this House and it will be held in Conference Room 9. That is the Resolutions and Nominating Committee of C.P.S. and any resolution which any member of this House may have is out of order if it refers to any conduct of C.P.S. Those should be referred not to this body but to that Committee.

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At this time I have a request from the President-elect that he would like the floor, Dr. Lowell S. Goin.

DR. GOIN: Mr. Speaker, I only made the request because I would like to submit an amendment and as I was sitting behind you I did not think you could see me.

Proposed Amendment to Constitution

Re: Past President

Resolved, That the Constitution and By-Laws of the California Medical Association be amended as follows:

In Section 1 of Article VII delete the words "Past-President";

In Section 8 of Article VII delete the words "Past-President";

In Section 1 of Article X delete the words "Past-President";

In Section 2 of Article X delete the second paragraph reading as follows:

"At the expiration of his term of office the president shall become the past president and serve as such for a term of one year thereafter, or until his successor assumes office."

In Section 4, Article X delete the words "Past President."

SPEAKER ASKEY: That resolution calls for a change in the Constitution and By-Laws and must therefore lie over for a period of one year. You have heard the reading of this proposed change and it is hereby entered upon the business of this Association for action at the meeting of the House of Delegates one year from now.

* * *

The floor is now open for the presentation of any resolutions you may have. Dr. Remmen!

DR. E. T. REMMEN (Los Angeles):

Resolution No. 1—Re: Awards for Scientific Papers

WHEREAS, It was formerly the custom of the California Medical Association, at each annual session, to award cash prizes and other awards for medical papers of outstanding excellence, which prizes were presented to internes, residents and young physicians as an incentive and reward for clinical and laboratory research; and

WHEREAS, The giving of such prizes was discontinued in 1933 at which time there was a general reduction in the administrative expenses of the Association because of economic depression which no longer exists; therefore, be it

Resolved, That the Council be authorized and requested to reëstablish such prizes and awards for study and research as it may deem advisable.

SPEAKER ASKEY: This resolution will be referred to Reference Committee No. 3. (For Committee's recommendation, and H. of D. action thereon, see page 307.)

* * *

DR. REMMEN: Carrying out the suggestion made by Dr. Dwight Murray in his address I wish to present also the following resolution.

DR. E. T. REMMEN (Los Angeles):

Resolution No. 2—Re: National Department of Public Health

WHEREAS, The health and vigor of its people is the greatest asset of any nation; and

WHEREAS, Those agencies of our Federal Government which are concerned with the prevention of disease and the instruction of the people in matters of health and hygiene are now divided and scattered throughout several departments of the government without proper coördination of effort; and

WHEREAS, Dr. Thomas M. Logan, President of the Medical Society of the State of California and founder of the California State Board of Public Health, which was the second in the nation, addressing the American Medical Association at San Francisco in 1871, said, "Let us have a Secretary of Public Health as well as a Secretary of War," and in 1872 introduced in the Congress of the United States a bill to establish a national department of Public Health; therefore, be it

Resolved, That unification of all governmental effort in the field of public health under a simple head with cabinet rank would result in greater efficiency and in increased benefit to the American people; and, be it

Further Resolved, That our delegates to the American Medical Association be instructed to introduce the foregoing or a similar resolution at the next meeting of the National House of Delegates and to seek its adoption by that body, and that copies of this resolution be sent forthwith to the constituent state medical associations.

SPEAKER ASKEY: That resolution will be referred to Reference Committee No. 3. (For Committee's recommendation, and H. of D. action thereon, see page 307.)

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DR. REMMEN: My third and last resolution is presented at the suggestion of a group of persons interested in furthering the development of C.P.S., although it calls for action by the California Medical Association.

DR. E. T. REMMEN (Los Angeles):

Resolution No. 3—Re: California Physicians' Service

WHEREAS, After more than five years of operation California Physicians' Service has acquired only about 100,000 beneficiary members which number is scarcely more than the personnel of any one of several large industrial plants; and

WHEREAS, During the same period insurance companies offering broader coverage have expanded until they are now furnishing health and accident insurance to a vastly greater number of employees; and

WHEREAS, The failure of California Physicians' Service to make a satisfactory growth may be due to the fact that it does not offer satisfactory coverage in the fields of group life insurance, indemnity for time lost through disability, or indemnity for permanent disability, or in the field of hospitalization, or may be due to faulty sales methods, or to lack of coöperation by physician members, or to some other cause or causes; and

WHEREAS, The recent Foote, Cone and Belding survey obtained valuable information as to the desires of the

general public, but did not include a study of the attitudes of employers and labor union officials without whose coöperation no health insurance plan can succeed; now, therefore, be it

Resolved, That the President of this Association be directed to appoint a suitable committee, which shall be provided by the Council with necessary funds, and shall cause a survey to be made of the attitudes, opinions and desires of employers of labor and of officials of labor unions in the matter of group health insurance in general and of California Physicians' Service in particular, in an attempt to learn what changes, if any, in the structure, coverage afforded and administration of California Physicians' Service are needed to insure its greater success, and that the Committee be directed to report its findings to the Council before its September 1944 meeting, and that the Council be directed and authorized to take such further action as it may deem necessary.

SPEAKER ASKEY: This resolution is referred to Committee No. 3. (For Committee's recommendation, see page 307.) Are there any further resolutions?

DR. ROBERTSON WARD (San Francisco):

Resolution No. 4—Re: Resignations of C.M.A. Delegates and Alternates to A.M.A.

Resolved, That in view of the recommendations of the Council of the California Medical Association and for the same reasons as expressed in the Council resolution of March 5, 1944, each Delegate and Alternate of the California Medical Association to the American Medical Association tender his resignation at this time in order that the House of Delegates may nominate his successor. This action is taken without prejudice to the present Delegates and Alternates.

SPEAKER ASKEY: This resolution will be referred to Reference Committee No. 3. (For Committee's recommendation, and H. of D. action thereon, see page 308.)

DR. DONALD A. CHARNOCK (Los Angeles County): This resolution is submitted by Captain John C. Ruddock, Medical Corps, United States Navy, as representing medical officers in military service.

DR. JOHN C. RUDDOCK and DR. D. A. CHARNOCK (Los Angeles):

Resolution No. 5—Re: California Physicians Available For Military Service, and Records of Same

WHEREAS, At this time the United States of America is engaged in a war in which the field of operations covers the entire surface of the world and taxes the resources of this country in both raw and finished products and manpower to the limits; and

WHEREAS, The services of doctors of medicine are urgently needed in the various branches of military service, Army, Navy, Coast Guard, etc., to successfully accomplish and conclude military operations; and

WHEREAS, There is at this time less than sixty thousand physicians who have been taken from civilian life and placed on active duty with the various military branches and distributed throughout the world wherever military personnel may be stationed; and

WHEREAS, During World War I some 30,000 civilian physicians and surgeons were on duty with the military forces of approximately four million men concentrated in one zone of operation, namely, Europe; and

WHEREAS, There are some physicians of military age and physically qualified who are resisting military service and who are purposely or otherwise occupying so-called essential positions, which positions could be filled by older physicians or by physicians who have been rejected by the armed forces because of physical disabilities; and

WHEREAS, The California Medical Association has continuously urged that any and all of its members who can qualify for military service apply for a commission; now, therefore be it

Resolved, That the House of Delegates of the California Medical Association, recognizing the urgent need for doctors in the armed forces at this time, instruct the Council of the California Medical Association to bring this matter to the attention of their individual county societies in the State of California and request the secretary of each society to report the status of its members with regard to their participation in military activities; and, be it

Further Resolved, That the records of the actions of individual members of this Association, termed military service, be placed in and made a part of their respective files. Said record to be considered by this Association when called upon for recommendations and to be considered when such members are candidates for appointment of office within the Association; and, be it

Further Resolved, That the House of Delegates view with disfavor any member of this Association who can and should apply for service with the military forces and does not so apply.

SPEAKER ASKEY: This resolution will be referred to Reference Committee No. 3. (For Committee's recommendation, and H. of D. action thereon, see page 309.)

DR. FRANKLIN FARMAN (Los Angeles):

Resolution No. 6—Re: Allocation of Department Material in "California and Western Medicine"

WHEREAS, Many scientific papers contributed by members of the California Medical Association at annual sessions remain unpublished by CALIFORNIA AND WESTERN MEDICINE; and

WHEREAS, CALIFORNIA AND WESTERN MEDICINE is deviating from its primary purpose of reflecting progress in medicine as practiced in the State of California; and

WHEREAS, CALIFORNIA AND WESTERN MEDICINE is becoming more and more a political and propaganda journal; and

WHEREAS, The Editor, the Executive Committee of the Editorial Board, and the Editorial Board, have frequently acted in an undemocratic manner in matters relating to publication of original scientific manuscripts and other material submitted; therefore, be it

Resolved, That the House of Delegates assembled here in annual session authorize the President of the California Medical Association to appoint a committee of five (to be composed of two members from the faculties of University medical schools, two general practitioners, and one specialist) to investigate all the activities of CALIFORNIA AND WESTERN MEDICINE in order to restore the Journal to the free use and best interests of all members of the California Medical Association; and

Further Resolved, That the report and recommendations of this investigating committee be presented and acted upon at the next annual session of the California Medical Association.

SPEAKER ASKEY: This resolution will be referred to Reference Committee No. 3. (For Committee's recommendation, and H. of D. action thereon, see page 310.)

DR. HENRY GIBBONS, III (San Francisco): I would like to introduce a resolution submitted by Dr. Morton R. Gibbons.

Resolution No. 7—Re: A Plan for Civilian Medical Defense Organizations

WHEREAS, No organization of the medical and nursing profession and the hospitals of California, such as the Emergency Medical Service, existed prior to the time it was devised by the United States Office of Civilian Defense for the war emergency; and

WHEREAS, The value of such organization has been repeatedly demonstrated in natural major disasters, and potentially, in disasters due to enemy action; therefore, be it

Resolved, That a permanent organization be formed within the California Medical Association, based on plans of the Office of Civilian Defense, in order that emergency medical care may be prepared in advance, in event of natural major disasters; and be it

Further Resolved, That the California Medical Association, the California State Nurses Association and the Association of California Hospitals be requested to form suitable organizations and to coöperate in development and promotion of the plan; and, be it

Further Resolved, That such organization be prepared to function in coöperation with existing organizations, Federal, Civic and private, when indicated by public necessity.

SPEAKER ASKEY: This resolution will be referred to Reference Committee No. 3. (For Committee's recommendation, and H. of D. action thereon, see page 310.)

DR. EDWARD B. DEWEY (Pasadena):

Resolution No. 8—Re: Congressman Miller's Bill: (H.R. 4663) Plan to Place Federal Children's Bureau Under U.S.P.H.S.

Resolved, That the House of Delegates of the California Medical Association fully approves and endorses the bill recently introduced in the House of Representatives of the United States by Congressman Miller of Nebraska, under the terms of which the functions of the Children's Welfare Bureau of the Department of Labor are transferred to the United States Public Health Service; and be it

Further Resolved, That this Association fully endorses and urges the principle that all Federal governmental activities relating to the public health and to the practice of medicine should be under the sole and exclusive jurisdiction of the United States Public Health Service, the agency most qualified to deal with such matters.

SPEAKER ASKEY: This resolution will be referred to Reference Committee No. 3. (For Committee's recommendation, and H. of D. action thereon, see page 311.)

DR. PETER BLONG (Los Angeles County):

Resolution No. 9—Re: Request to Have A.M.A. Endorse "United Public Health League"

WHEREAS, There is a growing demand from physicians throughout the entire United States for an active, practical representation in Washington, D. C., to present to members of Congress and government departments the views of practicing physicians on pending public health and medical legislation and to in turn relay to physicians pertinent information from our national Capital; and

WHEREAS, The American Medical Association is organized for activity only in the field of scientific endeavor and is not constituted nor inclined to provide the practical political representation demanded in these changing times in Washington; and

WHEREAS, The action of the Council on Medical Service and Public Relations of the American Medical Association in establishing in Washington an office of "medical economic research" which is to be charged with "the collection of information and statistical data concerning medical care, its distribution, its availability, its costs and its control in various parts of the United States and that the information thus collected be made available to the medical profession through the publications of the American Medical Association, to the Bureau of Medical Economics of the American Medical Association for its studies of this problem, and to other appropriate agencies interested in the extension of medical service and the provision of medical care and related subjects"—is laudable but does not meet the practical political demands of present day Washington; and

WHEREAS, The United Public Health League is the only organization that has to date established an effective bureau in Washington, in behalf of the practicing physician; and

WHEREAS, The membership of the United Public Health League is composed of members of the American Medical Association and the United Public Health League is in reality a federation of state medical associations united for common effort in the economic and political fields, not infringing upon the splendid scientific work of the American Medical Association or acting contrary to its policies; now, therefore, be it

Resolved, That the Delegates of the California Medical Association to the meeting of the House of Delegates of the American Medical Association in June, 1944, be instructed to present a resolution to said American Medical Association House of Delegates, requesting that body to endorse the United Public Health League, as a vehicle for meeting the demands of the rank and file membership of the American Medical Association in the economic and political fields, and to use their best efforts to secure adoption of such resolution.

SPEAKER ASKEY: The resolution will be referred to Resolution Committee No. 3. (For Committee's recommendation, and H. of D. action thereon, see page 311.)

DR. K. C. BRANDENBURG (Long Beach):

Resolution No. 10—Re: Suggestions to A.M.A. Regarding Public Relations, Personnel and Other Policies

Resolved, That the California Medical Association Delegates to the American Medical Association be instructed to promote the following principles of action on the part of the American Medical Association:

1. Emphasis on the scientific rôle as being of paramount concern to the American Medical Association.

2. Employment of skilled public relations counsel to head Committee of Public Relations. Need not be a doctor.

3. Political contact work to be done along the lines of the United Public Health League.

4. American Medical Association public relations man to coöperate with various Public Health League Representatives in Washington, if so desired, and scrutinize public statements purporting to come from organized medicine in order to determine what their effect on public opinion might be.

5. Public Relations Council of the American Medical Association to disseminate information concerning Public Relations activities of various State Medical Associations, and measures taken by these component societies to meet the local situation.

6. No further public statement of policy by American Medical Association officials on political and economic matters until the opinion of the medical profession as a whole, now in flux, has become crystallized, this to be determined by repeated polls.

7. Proper retirement arrangements to be made for American Medical Association officials who have served long and well.

SPEAKER ASKEY: This resolution will be referred to Reference Committee No. 3. (For Committee's recommendation, and H. of D. action thereon, see page 311.)

SPEAKER ASKEY: Does anyone else wish to present a resolution to this House at this time? This is your last opportunity because you know anything to be acted upon must be presented today unless you receive unanimous consent tomorrow for it to be entered. I want to leave it open until I am sure you have been given your chance to speak. I hear nobody asking for the floor.

Approval of Minutes of H. of D.

Then we come to the next order of business. That is the *Approval of the Minutes of this meeting.* It has been the custom in view of the fact that it is impossible to have the Minutes at this time that the President, the Speaker and the Secretary be delegated to edit the minutes and approve them. Do I hear a motion to that effect?

. . . It was moved, seconded and carried that the President, Dr. Schaupp, the Speaker, Dr. Askey, and the Secretary, Dr. Kress, edit and approve the minutes. . . .

Remarks by President Schaupp

SPEAKER ASKEY: It now becomes my great pleasure to present to you the man whom we have been waiting for all day and whom you are going to honor tonight at the President's Dinner. I am afraid most of you know him. I wish at this time to introduce to you your President—Dr. Karl L. Schaupp of San Francisco. (Rising Applause.)

PRESIDENT SCHAUPP: Thank you very much.

I just don't know how to express myself about this because I don't believe there is anything that can get under a man's skin as much as when he has been working so hard to have long extended remarks. That is especially when he has been working in a group as long as I have but not as long as some of the others. I certainly appreciate the expression such as you have shown coming to me during this convention. It was not that I was not interested that I was not here but that I had duties elsewhere and where the various departments of the convention were in progress.

I will say that in the experience I have had with the Council and the California Medical Association, and I became active around 1919, I have never seen so much sincerity, as much clear thinking, as much loyalty as has

been here, and I think there is much hope for the future. Thank you. (Applause.)

SPEAKER ASKEY: If there is nothing further, a motion to adjourn this first meeting will be in order.

. . . It was moved, seconded and carried that the meeting adjourn. The first meeting adjourned at 5:00 P.M., on March 7, 1944.

* * *

Second Meeting of the C.M.A. House of Delegates, Monday Noon, May 8, 1944

The Second Meeting of the House of Delegates of the California Medical Association, 73rd Annual Session of the Association and 41st Annual Session of the House of Delegates was held in the Music Room of the Biltmore Hotel, Los Angeles, California, May 8, 1944. The meeting was called to order at 1:15 P.M. by Dr. L. A. Alesen, Vice-Speaker of the House of Delegates.

VICE-SPEAKER ALESEN: Will the House please come to order? Is Dr. Roos, Chairman of the Credentials Committee, present? The Chair recognizes Dr. Roos for the supplemental report of the Credentials Committee.

DR. D. D. ROOS: Your Committee wishes to report at this time we have a sufficient number of delegates registered to constitute a quorum.

VICE-SPEAKER ALESEN: We shall then proceed to constitute the House by Roll Call, it being recognized that each delegate will answer with "present," as Secretary Kress calls the roll. If there are any vacancies we will allow County Societies to supplement a name or names for the vacancy or vacancies in order to make the roll as complete and representative as possible.

SECRETARY KRESS: (Secretary Kress calls the roll as listed in the "Pre-Convention Bulletin.")

VICE-SPEAKER ALESEN: If there are no additions to the Delegates as they have been added to or changed and as they now stand, a motion is in order that this shall constitute the House of Delegates for this session.

. . . It was moved, seconded and carried that the roll call would constitute the House of Delegates. . . .

Place and Time for the Next Annual Session

VICE-SPEAKER ALESEN: The next item of business is a report of the Secretary, with an announcement of the Council's selection for the time and place of the 1945 Annual Session. Dr. Kress!

SECRETARY KRESS: The Council has selected the City of Los Angeles and the Hotel Biltmore as its headquarters for the next year's session. Time of meeting to be Sunday-Monday, May 6-7, 1945.

* * *

Election of Officers

VICE-SPEAKER ALESEN: The next order of business is the election of officers for the coming year. There is now before the House the selection of the President-elect. The Chair will hear nominations for this position.

Election of President-Elect

DR. DONALD CASS (Los Angeles): Fellow Delegates: It is a great honor and a great privilege to nominate a great man for a great job. I would like to place in nomination Captain Philip K. Gilman to be President-elect of the California Medical Association. I nominate my friend and one of the finest gentlemen I have ever known. (Applause.)

PRESIDENT SCHAUPP: Members of the Association: I take great pleasure in seconding the nomination of Dr. Gilman. He is a swell gentleman, we all agree but you don't know what a hard worker and overworked man he has been. I have been associated with this Association for a long time and, in my opinion, he is the best Chairman of the Council we have ever had. He has devoted much time to the Council and I think at this time it is only right to give you that information.

VICE-SPEAKER ALESEN: Are there any further nominations for the office of President-elect.

DR. CLINE: I move the nominations be closed.

. . . The motion was seconded. . . .

VICE-SPEAKER ALESEN: The Chair hearing no nominations declares the nominations closed. How do you vote?

. . . There were cries of "acclamation." . . .

VICE-SPEAKER ALESEN: All those in favor of selecting Dr. Gilman as President-elect for the ensuing year signify by the usual sign—it is unanimous.

DR. GILMAN: Thank you, gentlemen.

VICE-SPEAKER ALESEN: The Chair declares Dr. Gilman elected as President-elect for the coming year.

Election of Speaker of the House of Delegates

The next office is that of Speaker. Nominations are now in order for that position.

DR. CARL L. MULFINGER (Los Angeles): Mr. Chairman and Members of the House of Delegates: It is a pleasure for me to nominate the present encumbent of the Speakership—Dr. E. Vincent Askey.

VICE-SPEAKER ALESEN: Dr. Askey has been nominated for the position. Are there any further nominations?

A MEMBER: I move that the nominations be closed.

VICE-SPEAKER ALESEN: It has been moved that the nominations be closed. How do you vote?

. . . The vote was by acclamation and Dr. Askey was unanimously elected as Speaker. . . .

VICE-SPEAKER ALESEN: The Chair declares Dr. Askey elected Speaker for the ensuing year. (Applause.)

Election of Vice-Speaker of House of Delegates

. . . Dr. Askey, Speaker of the House of Delegates assumed the Chair. . . .

SPEAKER ASKEY: Are there any nominations for the office of Vice-Speaker of this Association.

DR. J. FRANK DOUGHTY (San Joaquin County): I nominate Dr. L. A. Alesen for the position of Vice-Speaker of this House.

SPEAKER ASKEY: Are there any further nominations?

A MEMBER: I move that the nominations be closed.

SPEAKER ASKEY: If I hear no more nominations, I will declare the nominations closed. They are closed. How do you vote?

. . . The vote was by acclamation for Dr. Alesen as Vice-Speaker. . . .

SPEAKER ASKEY: I now declare Dr. L. A. Alesen duly elected Vice-Speaker of this House.

Election of District Councilors

We now come to District Councilors of this Association. I will now call your attention to the fact, that according to the By-Laws, each District is entitled to make nominations in writing to the Secretary and that nominations are to be made from the floor for these positions unless nominations have been made in writing by the District; therefore, I ask the Secretary do you have any written nominations for the 1st District, the encumbent for this position being now Calvert L. Emmons of Ontario, term expiring.

Election of Councilor for First District

SECRETARY KRESS: Mr. Speaker, Imperial County presents the nomination of Calvert L. Emmons, also the name of H. A. Johnston, signed by the delegates from Orange, San Bernardino and Riverside and 9 delegates. These are the only two nominations that have been submitted in writing.

SPEAKER ASKEY: You have heard the nominations which are properly submitted.

DR. CALVERT L. EMMONS: I would like to withdraw the name of Dr. Calvert L. Emmons.

SPEAKER ASKEY: Dr. Emmons wishes to withdraw his name. Is it the pleasure of the House to accept his withdrawal? A motion to that effect would be in order.

DR. R. STANLEY KNEESHAW (San Jose): I move that Dr. Emmons be allowed to withdraw his name at this time.

DR. GOIN: I rise to a point of order.

SPEAKER ASKEY: Your point, sir?

DR. GOIN: The legally constituted delegates nominated Dr. Emmons so he cannot refuse to serve if elected so the only way you can prevent this is by a choice of the House.

SPEAKER ASKEY: Your point is well taken. As it stands before you, the motion is in order. It will go to ballot on the election of a delegate for the First District.

DR. EMMONS: May I state that I told the Orange County delegates this when they held their caucus and named the man that you have before you. I question whether they would have named this man had I told them that I was a candidate so the thing for me to do is not to run in this race. Dr. Johnston is the man.

SPEAKER ASKEY: I think it would be in order for the House to take that into consideration that Dr. Emmons means to say he will not serve if elected even if he wins the vote. Do you say that or do you not?

DR. EMMONS: The thing for me to do is not to serve as long as I told the delegates that I would not be a candidate.

SPEAKER ASKEY: I am afraid that does not answer the question.

DR. EMMONS: No, I will not serve.

SPEAKER ASKEY: Before the House is the name of Dr. Emmons who wishes to withdraw his name and who states that he will not serve if elected. The House will be mindful of that statement in voting. I will appoint Dr. Ed Nippert, Dr. Franklin Farman and Dr. J. Frank Doughty to act as tellers.

DR. DOUGHTY: Would it be in order to make a motion to unanimously elect Dr. Johnston at this time by acclamation?

SPEAKER ASKEY: When there is a difference in the vote, I think it should be by ballot. I shall so rule. You are a member of the Committee and Dr. Nippert and Dr. Farman and the Secretary will prepare ballots and distribute them.

DR. DOUGHTY: I appeal from the decision of the Chair. I think we should speed this thing up and there should be no doubt. I see no reason why we should have such an extensive ballot and I, therefore, appeal from the decision of the Chair.

SPEAKER ASKEY: You have heard the motion. There is an appeal from the decision of the Chair. All those in favor of sustaining the Chair say "aye"—opposed "no." The "noes" have it and the Chair's decision is overruled. We will, therefore, accept your motion that a point of acclamation be made and if you would so make that motion.

DR. DOUGHTY: That is my motion, Mr. Speaker. I move that the House of Delegates elect Dr. Johnson of Orange County by acclamation and the Secretary be instructed to cast a unanimous ballot.

DR. GREEN: I second the motion.

SPEAKER ASKEY: Dr. Goin!

DR. GOIN: Another point of order. You cannot make a motion to unanimously elect. You can entertain a motion that Dr. Johnston be elected by acclamation or unanimously if the second will approve it.

DR. DOUGHTY: That was the last part of my motion. I move we elect Dr. Johnston of Orange County by acclamation.

SPEAKER ASKEY: With that change embodied in the motion, will the second accept it?

DR. GREEN: Yes.

SPEAKER ASKEY: The point of this motion is to elect Dr. Johnston by acclamation as a member of the Council from the 1st District.

. . . the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: Dr. Johnston is elected a delegate from the 1st District.

Election of Councilor for the Fourth District

We come now to the 4th District. The position is now held by Dr. Axcel E. Anderson of Fresno, term expiring. Mr. Secretary, are there any nominations?

SECRETARY KRESS: A written nomination has been submitted by the delegates from Fresno County, Tulare County, Stanislaus County and Merced County, all in favor of Dr. Axcel E. Anderson of Fresno to be the Councilor of the 4th District.

SPEAKER ASKEY: There being no further nominations, it is the privilege of this House, according to the By-Laws, to sustain or reject the nomination. Your vote will, therefore, be upon the sustaining of the nomination of these gentlemen of Dr. Anderson for this position or to reject. A "yes" vote means that you are sustaining the election of this sole nominee.

. . . The nomination was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: The nomination is sustained and Dr. Anderson is elected.

Election of Councilor for the Seventh District

Next we come to the 7th District. This is the district which Dr. Lloyd E. Kindall is occupying, his term expiring. Are there nominations, Mr. Secretary?

SECRETARY KRESS: Mr. Speaker, Alameda and Contra Costa Counties place in nomination Dr. Lloyd E. Kindall of Alameda County.

SPEAKER ASKEY: You have heard the nomination. Your act will be in voting to sustain or reject. All of those in favor of sustaining Dr. Kindall in this position say "aye"—opposed "no."

. . . The nomination was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is sustained. He is elected as a delegate from that district.

Election of Two Councilors-at-Large

Next we come to the Councilors-at-Large. There are two vacancies coming up.

First is that of Dr. Philip K. Gilman of San Francisco who has just been elected President-elect and is therefore ex-officio a member of the Council. Are there nominations from the floor? This is open now to nominations from the floor for this position?

Dr. C. L. Cooley (San Francisco): I would like at this time to nominate Dr. Sidney J. Shipman of San Francisco. He has for many years been a member of the Board on the San Francisco County Medical Society and a Past President of the County Society.

Speaker Askey: Dr. Shipman has been nominated for the position of Councilor-at-Large for the term of which Dr. Gilman's term is expiring. Are there further nominations for this position?

Dr. Robert A. Walker (Los Angeles County): Members of the House of Delegates: It gives me a great deal of pleasure to place in nomination a man whom you well know and who has been a hard worker not only in the medical field as a private practitioner but also as a lawyer in behalf of your interests in the medical-legal field. I know of no man who in these perilous times who would represent us more carefully and take care of our interests more intensely than the man who I give to you —Louis J. Regan.

Speaker Askey: Are you nominating him as a Councilor to fill the unexpired term of Dr. Gilman?

Dr. Walker: No. I am not.

Speaker Askey: Then your nomination is out of order because we are now considering the term of Dr. Gilman, term expiring. Are there any further nominations for the office of Councilor-at-Large to fill Dr. Gilman's place? Hearing none, I will declare the nominations closed. I hear no further nominations and I declare the nominations closed. Dr. Shipman is nominated. I will now put the vote.

All those in favor of the election of Dr. Shipman to the position of Councilor-at-Large for the position of Dr. Philip K. Gilman, term expiring, say "aye"—those opposed "no."

. . . The nomination was put to a vote and it was unanimously carried. . . .

Speaker Askey: It is carried. Dr. Shipman is elected.

* * *

At this time we come to the position of Councilor-at-large for the term expiring now held by Dr. E. Earl Moody of Los Angeles. Are there any nominations?

Dr. Eugene F. Hoffman (Los Angeles): Mr. Speaker, it gives me a great deal of pleasure to nominate this man to succeed himself. He is the choice of the Southern California caucus—Dr. E. Earl Moody.

Speaker Askey: The name of Dr. E. Earl Moody to succeed himself has been nominated.

Dr. Walker, I will now give you the floor.

Dr. Walker: Thank you, Mr. Speaker. I would like to repeat all those nice words I said. I still nominate Dr. Louis J. Regan.

Speaker Askey: Are there any further nominations for this position of Councilor-at-Large? If I hear no further nominations, I will declare the nominations closed. I hear no further nominations. I declare the nominations closed. The vote will be by ballot and I will nominate the same committee, Dr. Nippert, Dr. Farman and Dr. Doughty, as tellers. Will you proceed with the election, Mr Secretary.

In order to preserve a little time because some of you men have to get back on the Owl train, I am going to go ahead. You will proceed to take the ballot and at this time the Chair will rule that the Order of Business will be followed for the above reasons.

* * *

Election of C.M.A. Delegates to A.M.A.

The next order of business is the election of delegates to the American Medical Association and alternates. In view of the fact that there is a resolution pending before this body which now is in the hands of Reference Committee No. 3, and will be before it later, the Chair rules that this order of business, the election of Delegates and Alternates to the American Medical Association, follow the report of the Reference Committee. It is so ordered.

* * *

Nominations of Members of Standing Committees and Editorial Board

Speaker Askey: We will now go to the next order of business following that and that is the announcement and approval of members of the Standing Committees elected by the Council. Mr. Secretary, do you have such a list?

Secretary Kress: The Council makes the following nominations for the respective committees; the members of standing committees to serve for three years, namely, 1944-1947.

For the Committee on Associated Societies and Technical Groups—Anthony B. Diepenbrock;

For the Committee on Health and Public Instruction—Dr. Earl Miller;

For the Committee on History and Obituaries—Dr. Morton R. Gibbons;

For the Committee on Hospitals, Dispensaries and Clinics—Dr. Roy Thomas;

For the Committee on Industrial Practice—Dr. M. P. Dunn;

For the Committee on Medical Defense—Dr. Nelson J. Howard;

For the Committee on Medical Economics—Dr. Glenn F. Cushman;

For the Committee on Medical Education and Medical Institutions—Dr. B. O. Raulston.

For the Committee on Membership and Organization —Dr. Carl Mulfinger;

For the Committee on Postgraduate Activities—Dr. Hugh F. Freidell;

For the Committee on Publications—Dr. F. Burton Jones;

For the Committee on Public Policy and Legislation—Dr. Dwight H. Murray:

For the Committee on Scientific Work—Dr. J. Homer Woolsey;

For the Cancer Commission—Dr. George S. Sharp, Dr. Whitfield Crane, and Dr. Gertrude Moore;

For the Physicians' Benevolence Committee—Dr. Axcel E. Anderson (for year 1944-1945).

* * *

For the Editorial Board, to serve during the coming year, the same group of members who are now officiating:

Anesthesiology:
H. R. Hathaway, San Francisco
Ernest H. Warnock, Los Angeles

Dermatology and Syphilology:
William H. Goeckerman, Los Angeles
H. J. Templeton, Oakland

Eye, Ear, Nose and Throat:
Frederick C. Cordes, San Francisco
George W. Walker, Fresno

General Medicine:
Lambert B. Coblentz, San Francisco
L. Dale Huffman, Hollywood
Mast Wolfson, Monterey

General Surgery (including Orthopedics):
Frederic C. Bost, San Francisco
Fred D. Heegler, Napa
William P. Kroger, Los Angeles

Industrial Medicine and Surgery:
John D. Gillis, Los Angeles
John E. Kirkpatrick, Shasta Dam

Plastic Surgery:
William S. Kiskadden, Los Angeles
George W. Pierce, San Francisco

Neuropsychiatry:
Olga Bridgman, San Francisco
John B. Doyle, Los Angeles

Obstetrics and Gynecology:
Daniel G. Morton, San Francisco
Donald G. Tollefson, Los Angeles

Pediatrics:
William W. Belford, San Diego
William C. Deamer, San Francisco

Pathology and Bacteriology:
Alvin J. Cox, Sr., San Francisco
R. J. Pickard, San Diego

Radiology:
R. R. Newell, San Francisco
Henry J. Ullmann, Santa Barbara

Urology:
Lewis Michelson, San Francisco
Albert J. Scholl, Los Angeles

Pharmacology:
W. C. Cutting, Menlo Park
Clinton H. Thienes, Los Angeles

The Executive Committee:
Albert J. Scholl, Los Angeles, Chairman
Lambert B. Coblentz, San Francisco
Fred D. Heegler, Napa
George D. Walker, Fresno

SPEAKER ASKEY: You have heard the nominations. A confirmation is in order.

DR. GREEN: I so move.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

SPEAKER ASKEY: These appointments are confirmed.

* * *

DR. CASS: I would like to ask for a point of personal privilege. There were approximately 70 member delegates who attended the caucus meeting in Los Angeles and I would just like to know if it is permissible for the members of the caucus to have one vote in Los Angeles and then come here and vote for some other person than the caucus nominee. Would that be binding? I would like to have a ruling on that.

SPEAKER ASKEY: That would be a ruling entirely of the delegations in question. In other words, it is a point of honor, Dr. Cass, which is within the members of the delegations. If they have pledged themselves to do one thing and if they abide by it, it is up to them. There is no rule of this House regarding an election by caucus or otherwise. It is entirely a personal privilege as to how you agree the delegates shall vote. If there is a question in any delegate's mind as to whether this vote was erroneous and against his honor he is privileged to move that a re-vote be taken. If I hear no motion to that effect the ballots therein placed will be in order. I hear no motion to that effect—it is so ruled.

* * *

C.M.A. Dues for Year 1945

There is one thing we might take up at this time that will come up under Unfinished Business. The Secretary is to make a report as to what the dues will be for the year 1945 as placed by the Council. Mr. Secretary, do you have such a report?

SECRETARY KRESS: The Council recommends that membership dues for the year 1945 be placed at $20.00.

SPEAKER ASKEY: Twenty Dollars ($20.00) is the amount which was assessed last year. Is there a motion to confirm the recommendation?

DR. GREEN: I so move.

DR. WILLIAM H. KIGER (Los Angeles County): Second the motion.

SPEAKER ASKEY: All those in favor of the motion that the dues be $20.00 for the ensuing year say "aye"—opposed "no."

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is so ordered.

Request for Presentation of a Resolution:

At this time for the purpose of expediting the business of this body I will call for the resolution which Dr. MacDonald of Sacramento wishes to present at this time. I may call your attention to the fact that resolutions to be presented to the House today, need unanimous consent. It, however, must be of some importance if the Council wishes it to be presented and I will call that to your attention. Is it your desire to move that Dr. MacDonald be allowed to present this resolution to the House at this time.

. . . It was moved, seconded and carried unanimously that the resolution be presented at this time. . . .

SPEAKER ASKEY: It is so ordered. Dr. MacDonald, I will give you the floor at this time.

DR. MACDONALD: I think your action was well taken. However, the resolution is being typed and I would like to defer it for a few minutes.

SPEAKER ASKEY: As it is the wish of this House that it be presented, when you have the typewritten pages we will give you the floor.

* * *

Reports of the Three Reference Committees

We will now go on to the reports of the Reference Committees. At this time I will call for the Report of Reference Committee No. 1. Dr. Cherry, Chairman.

* * *

Report of Reference Committee No. 1—Dr. W. S. Cherry, Chairman

Mr. Chairman and the House of Delegates: The members of the House of Delegates consisted of W. S. Cherry of San Bernardino County, Dr. Max Anderson of Hermosa Beach and Dr. Carl L. Mulfinger of Los Angeles. We wish to submit the following report. Inasmuch as we are limited for time, we will make this report as brief as possible and only make comments on those committee reports which we feel are absolutely necessary.

You have already heard:

The Address of the President to the House of Delegates; the Report of the President-elect; the Report of the Past President; the Report of the Speaker of the House of Delegates; the Report of the Vice-Speaker, the Report of the Chairman of the Council, and the Report of the Editor. Unless someone wishes to discuss some of those reports we respectfully submit them for approval and recommend that they be approved and filed.

Mr. Chairman, I move that the above reports be accepted.

SPEAKER ASKEY: You have heard the motion to accept that section of the report.

DR. BRUCK: I second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: This section of the report is adopted. Will you proceed, Dr. Cherry?

DR. CHERRY: As to the report of the General Counsel as was presented here in regard to promoting a higher fee schedule for compensation, we recommend acceptance of this report. Mr. Peart, in addition to his report, gave a verbal report and this also includes his report on the fee schedule.

Mr. Chairman, I move the report be accepted.

SPEAKER ASKEY: You have heard the motion that this section of the report be adopted. Is there a second?

DR. MAX ANDERSON: I second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: This section of the report is adopted.

DR. CHERRY: The following Standing Committees were examined and their reports approved:

(Editor's Note. As other recommendations on reports are made, it may be assumed that the same were adopted, unless otherwise noted. This to conserve space.)

Executive Committee—John W. Cline, Chairman;

Committee on Associated Societies and Technical Groups—John V. Barrow, Chairman;

Auditing Committee—John W. Cline, Chairman;

Committee on Health and Public Instruction—John C. Ruddock, Chairman;

Committee on History and Obituaries—Morton R. Gibbons, Chairman;

Committee on Hospitals, Dispensaries and Clinics—J. Norman O'Neill, Chairman;

Committee on Industrial Practice—Donald Cass, Chairman.

Mr. Speaker, I move that the reports of the above chairmen be accepted.

DR. CLIFFORD W. MACK (Alameda County): I second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: This section of the report is adopted.

* * *

DR. CHERRY: Next is the *Report of the Committee on Medical Defense*. There was a supplemental report which we feel should be read to you. This Committee's report is on page 24 of the "Pre-Convention Bulletin." Dr. Logan Gray would like to present the supplemental report.

SPEAKER ASKEY: Dr. Cherry, would you like to extend to Dr. Logan Gray the courtesy of reading that report?

DR. CHERRY: If you please. Dr. Gray!

DR. LOGAN GRAY (San Mateo County): We have a report with objections to the Report of the Committee on Medical Defense of which Nelson Howard is the Chairman. If you have the "Pre-Convention Bulletin" on page 24 on the right hand column just about the middle of the page, you will find this paragraph:

"The Committee on Medical Defense has reported to the Council of the California Medical Association as outlined in the enclosed letter. As a result of these recommendations of this Committee, a special committee has been appointed by the California Medical Association Council with powers to act for the Council in arranging for malpractice insurance for members of the Association."

In reply, I want to read this dissension of ours. Heavy losses by Lloyds have increased malpractice premiums following which many carriers are now willing to come in at the new premium rate for the first time with more than one company offering malpractice insurance in the higher brackets. At least five companies are now willing to write malpractice insurance in California. Lloyds is willing to continue malpractice insurance after sustaining heavy losses.

New arrivals in the field must feel that malpractice insurance is worthwhile or they would not enter the picture. Many lines of insurance have decreased in volume with the war such as life insurance and automobile insurance, obviously. Consequently, the insurance companies are looking for new fields. Competition among the insurance companies for the doctors insurance business is more active than it has ever been consequently.

Regarding the report of the Committee on Medical Defense, we have some sections which we approved and some of which we disapproved. We agreed with the recommendations down to and including line 23 of the right hand column on page 24 which are general recommendations for all county societies and which might be included under the heading of cleaning our own house or something like that. Those are general things which we are pretty sure every one would approve of point by point.

From there on we disapprove in its order Number 1 which in the Pre-Convention Bulletin says:

"(1) The members of the special committee to enter into negotiations with a suitable insurance carrier or carriers with the following objects in view:

(a) Comprehensive casualty and liability insurance.

(b) Malpractice insurance.

(c) That the insurance carrier agrees to underwrite such forms of insurance for the members of the California Medical Association."

Our objection to this is Number 1—a single carrier. If that were accepted it would eliminate healthy competition. Our comment on this is that comprehensive casualty and liability insurance includes wind, tornado, fire, automobile, theft, accident, compensation for employees, and insurance of all forms on all property owned by physicians, and the total premiums for this type of insurance paid by physicians in the State of California is well over a million dollars yearly. That is not related to malpractice insurance and it should not be attached to it nor is that necessary.

In order to obtain malpractice coverage by a reliable company, we recommend: (1) That the Committee be empowered to get malpractice insurance. Malpractice insurance has an average premium between $500,000.00 under the old rate to something over an estimated $750,000.00 in California yearly under the present rate. That is just a point of information which we will use later.

Regarding the California Medical Association agreeing to underwrite for members of the California Medical Association, we ask you this question: How can the C.M.A. make a rule for the individual doctors covering malpractice insurance and comprehensive liability insurance?

As a comment on the next two paragraphs; paragraphs number (2) and number (3).

"(2) Such insurance coverage to be supervised by an independent brokerage firm, acting as an overwriter, and to act as the Society's general agent for its protection and enlightenment.

"(3) That the physicians' own broker or insurance agent place any comprehensive casualty and liability coverage together with malpractice insurance through the overwriter, and to share with the overwriter in the insurance premium. The amount of commission to be shared by the overwriter and broker respectively and to be worked out by the Committee and the insurance carrier and Mr. Hartley Peart."

Our comment on this is that the central office is created, taking out a commission on premiums paid by the doctors. Overwriting commissions, if we are informed correctly, are about 5 per cent or an estimated $100,000.00 or $200,000.00 yearly, based on the total malpractice and comprehensive liability insurance premiums paid by doctors. It would be against the interest of the independent brokerage firms and the overriders to reduce the high premiums which doctors are now paying and they would automatically be cutting their own income and commissions. No matter how honest the individual may be, the individual purchasing this insurance arrangement between an insurance company on the one hand and the overrider on the other hand, would be at a disadvantage.

"(4) That the insurance carrier be given as assurance that the plan would continue for a certain minimum number of years."

We think that would be granting a monopoly even though it were for a specific time.

With the rest of the report we have no comment at present except to say that we find there are many well-informed physicians in the State interested in a fair solution to the malpractice insurance problem. These physicians are anxious that the Council of the California Medical Association have all the facts available and, if necessary, to call in an impartial, experienced investigator.

Respectfully submitted,

(Signed) The San Mateo Delegation.

SPEAKER ASKEY: Dr. Goin!

DR. GOIN: May I ask the doctor a question? Did I understand you to say that the total premiums were between $500,000 and $750,000?

DR. GRAY: It is according to information furnished me.

DR. GOIN: Did I understand you to say that 5 per cent would amount to nearly $200,000 and that $500,000 to $750,000 was the total premium of malpractice insurance which, according to this article, are to be locked up with the comprehensive casualty and liability insurance, the total premiums of which are well over a million dollars, the total being about two million, and 5 per cent of which is $200,000, I believe.

SPEAKER ASKEY: Any further questions?

DR. GOIN: That may be just arithmetic in which if you add the malpractice and the comprehensive together,

it is about $2,000,000 total premium, and the commissions would be no small figure. I believe 1 per cent of $1,000,000 is $10,000, and 5 per cent is $50,000, so on $2,000,000 it would be $100,000, and if it were 10 per cent it might be $200,000.

SPEAKER ASKEY: Dr. Cherry, will you resume your discussion?

DR. CHERRY: The Committee made no recommendation on this motion or dissension. We would like to leave it to the House and in order that it may get before the House I move that the original report of the Committee be accepted.

SPEAKER ASKEY: There is a motion by Dr. Cherry that the original report be adopted. Is there a second to that motion?

DR. CLINE: I second the motion.

I would like to discuss this matter. I had quite a little conversation with Dr. Howard concerning this matter prior to the time it was presented to the Council. The fact is that if you renew your malpractice insurance now you will find that your premium has skyrocketed. There are no figures available to indicate what the proper premium of a malpractice insurance policy for a given amount should be. Dr. Howard went to the Insurance Commissioner in an effort to obtain that information, and was informed that no figures are available in California or the other States, for the determination of the proper level of the malpractice premiums. I think all of us are willing to pay a reasonable premium for the coverage we get. However, we do not wish to pay exorbitant premiums. If we could develop an organization in which we would act as advisors, or control the functions of an overwriter who would serve as the agent of the California Medical Association in an effort to obtain equitable malpractice insurance rates, coupled with a provision that any insurance carrier so engaged would submit, during our contractual term, annually the experience which the company writing that malpractice insurance had had, there then would be an adequate basis for the determination of what should constitute proper premiums.

Another reason for the introduction of the overwriter feature was that each one of us has a friend or relative who is in the insurance business and through whom each individual wishes to purchase his insurance. It would not meet with the approval of the majority of us to have all of that business placed through one broker. Under this plan it would be placed through individual brokers and through them with the overwriter, who in turn would then place it with some good domestic carrier.

Several carriers were investigated. No carrier was chosen. No negotiations were entered into with any individual carrier. Those were the reasons for those provisions in the original report.

I think the plan proposed would answer in part many of our problems. There may be, as was pointed out, certain very considerable disadvantages to the plan, but I hope that you will consider the advantages in the light that Dr. Howard would like to have them presented.

SPEAKER ASKEY: Is there any further discussion on the adoption of this motion? Now is the time to speak if there is. I will then put the motion of the Chairman of the Committee and that is that the original report of this Committee be adopted.

. . . A vote was then taken on the motion. . . .

SPEAKER ASKEY: The Chair is in doubt so we will have a standing vote.

The vote is on the adoption of the report as originally given by Dr. Howard.

. . . A standing vote was taken on the motion to adopt the report as originally given by Dr. Howard. . . .

SPEAKER ASKEY: Evidently the motion is carried and this section of the Committee's report is adopted. Dr. Cherry, will you proceed?

* * *

DR. CHERRY: The *Report of the Committee on Medical Economics*, Dr. Glenn F. Cushman, Chairman, and the Report of the Committee on Medical Education and Medical Institutions, Dr. B. O. Raulston, Chairman, were reviewed and accepted. I, therefore, move these reports be approved and filed.

SPEAKER ASKEY: The motion is that these reports be approved and filed.

DR. GIBBS: I second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: The motion is adopted.

DR. CHERRY: The *Report of the Committee on Membership and Organization* by Dr. Lewis A. Alesen was reviewed. It was suggested by the Chairman that this committee had outlived its usefulness and that it should be discontinued. We accepted the Chairman's report and, Mr. Speaker, I move that the report be adopted.

SPEAKER ASKEY: You mean, Mr. Chairman, the adoption of this would abolish the Committee. Secretary Kress reminds me that the Standing Committee on Membership and Organization is a by-law provision and we would have to change the by-laws. Therefore, if you vote for this motion it merely accepts and files the report but does not change the by-laws. It will be so ruled unless I hear an appeal. I hear no appeal. Is there a second to the motion?

DR. KENNETH E. SMILEY (Los Angeles County): I second the motion.

SPEAKER ASKEY: Dr. Smiley has seconded the motion that this section of the report is accepted and filed but it does not change the by-laws.

. . . The motion was put to a vote and it was carried. . . .

* * *

DR. CHERRY: The *Report of the Committee on Postgraduate Activities*, Dr. F. E. Clough, Chairman, and the Report of the Committee on Publications, Dr. George W. Walker, Chairman, were reviewed and accepted. Mr. Speaker, I move the reports be approved and filed.

SPEAKER ASKEY: There is a motion that these reports be approved and filed.

DR. BLONG: I second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: They are so approved.

* * *

DR. CHERRY: The *Report of the Committee on Public Policy and Legislation*, Dr. Dwight H. Murray, Chairman, and the *Report of the Committee on Federal Maternity-Pediatric Program of the Children's Bureau*, Karl L. Schaupp, was reviewed, as well as the supplemental report prepared by Dr. William Benbow Thompson, which we suggest be read by Dr. Thompson. (For first report, see page 295.)

SPEAKER ASKEY: Dr. Cherry, will you yield the floor to Dr. William Benbow Thompson to read his report?

DR. CHERRY: Yes.

SPEAKER ASKEY: Dr. Thompson!

* * *

Report on E.M.I.C.:

DR. WILLIAM BENBOW THOMPSON (Los Angeles): Due to the many disquieting features embodied in the E.M.I.C. Program controlled by the Children's Bureau, the California Medical Association has not as yet approved participation in this project. It has been left to the individual physician as to whether he would or would not accept patients applying under this plan. At the

present time Congress is in the midst of deliberations concerning the continuation of the Bureau operations for the coming fiscal year and members of the Congressional Sub-Committees are anxious for constructive criticism from the medical profession.

Thus far, the spokesmen for the medical profession have limited themselves, in large part, to denunciation of direct payment by Governmental Agencies to physicians and hospitals. Since Congress insists upon assurance that the funds allocated by them be used for the purposes for which they were intended, it is highly improbable that this objectionable feature can be entirely eliminated, and for the C.M.A. merely to join in the chorus of opposition to this one item in the regimentation of services seems entirely futile. It, therefore, behooves this Association to consider well how a laudable and humanitarian measure can be adapted so as to coöperation by the actual purveyors of the necessary attentions.

To this end, we make the following recommendations:

1. Decentralization of Administration. The broad outlines of the program should be defined by Congress, with a minimum of direct control by a federal agency or bureau, and the actual field work covered by the various state Departments of Health. Provision should be made by Congress for the expense of administration, since this should not be directly a proper charge against state funds.

2. Elimination of the contract now insisted upon by the Children's Bureau. The present form employed is a gratuitous insult to the intelligence of both patient and physician alike.

3. Elimination of the present prohibition against supplementing the subsidy provided to the dependent, as regards payments to hospital and physician.

4. Resolutions embodying the foregoing suggestions should be prepared and presented by the C.M.A. Delegates to the A.M.A., and copies forwarded to all other state medical organizations. Copies also should be furnished to every member of the Congress of the United States. The resolutions should be so phrased as to place the emphasis upon the opposition of physicians to regimentation rather than upon opposition either to the mode of payment of fees or the fee schedule itself. Unless this is clearly set forth, our objections will fall to the level of a wage dispute rather than a rebellion against bureaucracy.

Dr. Cherry: You have heard the reading of the supplemental report by Dr. Thompson, and, as Chairman of Reference Committee Number 1, I move that the original report combined with the supplemental report be accepted and filed.

Speaker Askey: Do you mean by that, Dr. Cherry, that it be filed or that it be the sense of this House of Delegates that these recommendations be followed insofar as possible.

Dr. Murray: It would be my idea that filing the report would not do much good.

Speaker Askey: Your motion, then, as I take it, is that this report be adopted and that the recommendations therein be followed as far as possible by this Association and its officers. Is that the sense of your motion?

Dr. Cherry: Yes.

Dr. Anderson: I second the motion.

Speaker Askey: Before I put the motion, I would like to ask at this time if you wished the Delegates to the American Medical Association to be instructed to do that. Dr. Thompson, was that part of your report?

Dr. Thompson: Yes.

Speaker Askey: Is it understood by the House that the report given by Dr. Thompson was that the Delegates to the American Medical Association may be instructed to introduce at the A.M.A. such resolutions?

If so, we will take a vote upon the motion.

. . . The motion was put to a vote and it was carried. . . .

Speaker Askey: It is carried and that section of the report is adopted.

* * *

Dr. Cherry: The *Report of the Committee on Scientific Work*, which provides our Annual Session programs and arrangements, Dr. George H. Kress, Chairman, was reviewed and accepted.

Also the *Report of the Cancer Commission*, Dr. Harold Brum, Chairman.

Mr. Speaker, I move these reports be approved and filed.

Dr. Doughty: I second the motion.

. . . The motion was put to a vote and it was carried. . . .

Speaker Askey: This section is adopted.

* * *

Dr. Cherry: The reports of the following Special Committees were examined and the reports approved:

Committee on Physicians' Benevolence—Axcel E. Anderson, Chairman;

Committee on Public Relations Survey—E. Vincent Askey, Chairman;

Advisory Committee to the California Bureau of Vocational Rehabilitation—Dr. J. B. Harris, Chairman;

Committee on Plan for Medical and Hospital Care of Citizens in Low Income Brackets—R. Stanley Kneeshaw, Chairman;

Committee on Permanente Foundation Hospitals—Lloyd Kindall, Chairman;

Committee on Postwar Plans of Medical Service and Social Security—Dewey R. Powell, Chairman;

Public Relations Publicity Committee—R. Stanley Kneeshaw, Chairman.

Mr. Speaker, I move the reports of the above committees be accepted.

. . . The motion was seconded, put to a vote and carried. . . .

Speaker Askey: The motion is adopted and that section of the report is adopted.

* * *

Dr. Cherry: The *Report of the Committee on the Codification of Code of Ethics of American Medical Association*, Lowell S. Goin, Chairman, was reviewed and approved.

Mr. Speaker, I move the report of the above committee be accepted.

Speaker Askey: You have heard the report. Is there a second?

. . . The motion was seconded, put to a vote and carried. . . .

Speaker Askey: It is carried and so adopted.

* * *

Dr. Cherry: The *Report of the Committee on Postgraduate Courses for Military Members* was reviewed and approved.

Mr. Speaker, I move the report be approved. Is there a second?

Dr. Frank W. Otto: I second the motion.

Speaker Askey: Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

Speaker Askey: It is adopted.

DR. CHERRY: I move the adoption of the Report of the Committee as a whole and as amended.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

SPEAKER ASKEY: The report of this Committee as a whole is accepted as amended and it is adopted. At this time may I bespeak the thanks of this House to Dr. Cherry and his Committee members because it is no fun to sit on these committees and read all these reports and work under such pressure. We thank you very much.

* * *

Report of Reference Committee No. 2

SPEAKER ASKEY: The next order of business will be the Report of Reference Committee Number 2, Dr. James C. Doyle, Chairman. If at this time Dr. Doyle is not here, we will ask the Secretary of the Board of Tellers to report. Dr. Nippert!

DR. E. NIPPERT: The Board of Tellers wishes to report the election of Dr. E. Earl Moody for Councilor-at-Large.

SPEAKER ASKEY: The result of the election is before you. Dr. Moody is declared elected Councilor-at-Large for the ensuing year.

Is Dr. Doyle present? If not, with the consent of the House, I will defer his report and take up at this time Reference Committee Number 3. Dr. C. Kelly Canelo, Chairman.

(Editor's Note. Report of Committee No. 2 follows Report of Committee No. 3.) See page 313.

* * *

Report of Reference Committee No. 3: Dr. C. Kelly Canelo, Chairman

Mr. Speaker and Members of the House of Delegates: At the recess of the California Medical Association House of Delegates last evening the following resolutions were referred to Reference Committee Number 3 for consideration. Hearings were held last evening and again this morning and, after due consideration of the amendment and the resolutions themselves, and the consideration of the discussions, we have compiled resolutions with comments and are ready to present them to the House of Delegates.

* * *

Resolution No. 1, Introduced by Dr. E. T. Remmen

Re: Awards for Scientific Papers
For Resolution as first submitted, see page 297.

WHEREAS, It was formerly the custom of the California Medical Association, at each annual session, to award cash prizes and other awards for medical papers of outstanding excellence, which prizes were presented to interns, residents and young physicians as an incentive and reward for clinical and laboratory research; and

WHEREAS, The giving of such prizes was discontinued in 1933 at which time there was a general reduction in the administrative expenses of the Association because of economic depression which no longer exists; therefore, be it

Resolved, That the Council be authorized and requested to reëstablish such prizes and awards for study and research as it may deem advisable.

Your Committee feels that the awarding of cash prizes and any other prizes is commendable and it is fully recognized that these prizes are for economic reasons only.

We, therefore, feel we should recommend at this time that this resolution pass. Mr. Speaker, I so move.

DR. NIPPERT: I second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: The resolution is adopted. Proceed, Dr. Canelo.

Resolution No. 2: Presented by Dr. Remmen

Re: National Department of Public Health
For Resolution as first submitted, see page 297.

WHEREAS, The health and vigor of its people is the greatest asset of any nation; and

WHEREAS, Those agencies of our Federal Government which are concerned with the prevention of disease and the instruction of the people in matters of health and hygiene are now divided and scattered throughout several departments of the government without proper coördination of effort; and

WHEREAS, Dr. Thomas M. Logan, President of the Medical Society of the State of California and founder of the California State Board of Public Health, which was the second in the nation, addressing the American Medical Association at San Francisco in 1871 said, "Let us have a Secretary of Public Health as well as a Secretary of War," and in 1872 introduced in the Congress of the United States a bill to establish a national department of Public Health; therefore, be it

Resolved, That unification of all governmental effort in the field of public health under a single head with cabinet rank would result in greater efficiency and in increased benefit to the American people; and, be it

Further Resolved, That our delegates to the American Medical Association be instructed to introduce the foregoing or a similar resolution at the next meeting of the national House of Delegates and to seek its adoption by that body, and that copies of this resolution be sent forthwith to the constituent state medical associations.

Mr. Speaker, your Committee recommends do pass. I so move.

SPEAKER ASKEY: You have heard the motion for adoption of this resolution.

DR. DEWEY: I second the motion.

SPEAKER ASKEY: Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is so ordered.

Resolution No. 3: Introduced by Dr. Remmen

Re: California Physicians' Service
For Resolution as first submitted, see page 297.

WHEREAS, After more than five years of operation, California Physicians' Service has acquired only about 100,000 beneficiary members which number is scarcely more than the personnel of any one of several large industrial plants; and

WHEREAS, During the same period private insurance companies offering broader coverage have expanded until they are now furnishing health and accident insurance to a vastly greater number of employees; and

WHEREAS, The failure of California Physicians' Service to make a satisfactory growth may be due to the fact that it does not offer satisfactory coverage in the fields of group life insurance, indemnity for time lost through disability, or indemnity for permanent disability, or in the field of hospitalization, or may be due to faulty sales methods, or to lack of coöperation by physician members, or to some other cause or causes; and

WHEREAS, The recent Foote, Cone and Belding survey obtained valuable information as to the desires of the general public, but did not include a study of the attitudes of employers and labor union officials without whose coöperation no health insurance plan can succeed; now, therefore be it

Resolved, That the President of this Association be directed to appoint a suitable committee, which shall be provided by the Council with necessary funds, and shall cause a survey to be made of the attitudes, opinions and desires of employers of labor and of officials of labor unions in the matter of group health insurance in general and of California Physicians' Service in particular, in an attempt to learn what changes, if any, in the structure, coverage offered and administration of California Physicians' Service are needed to insure its greater success, and that the Committee be directed to report its findings to the Council before its September, 1944, meeting, and that the Council be directed and authorized to take such further action as it may deem necessary.

In view of the fact that the California Physicians' Service is undergoing re-organization, it is felt passage is contra-indicated, so we, therefore, do not recommend do pass. Mr. Speaker, I so move.

SPEAKER ASKEY: You have heard the motion. Is there a second?

. . . The motion was seconded. . . .

SPEAKER ASKEY: The motion is on do not pass. Those in favor of the resolution will say "aye" and those opposed, which is the recommendation of the Committee, will say "no."

. . . The motion was put to a vote, the "no" votes being in the majority. . . .

SPEAKER ASKEY: It is not carried.

* * *

Resolution No. 4: Introduced by Dr. Robertson Ward of San Francisco

Re: Resignations of C.M.A. Delegates and Alternates to A.M.A.

For Resolution as first submitted, see page 298.

Resolved, That in view of the recommendations of the Council of the California Medical Association and for the same reasons as expressed in the Council resolution of March 5, 1944, each Delegate and Alternate of the California Medical Association to the American Medical Association tender his resignation at this time in order that the House of Delegates may nominate his successor. This action is taken without prejudice to the present Delegates and Alternates.

Careful consideration has been given this matter by the Council. We feel their judgment in the matter is sound. In view of the recommendation of the Council of the California Medical Association, your Committee recommends the passing of this resolution. Mr. Speaker, I so move.

SPEAKER ASKEY: You have heard the motion. Is there a second?

. . . The motion was seconded. . . .

SPEAKER ASKEY: It is now open for discussion. Dr. Molony!

DR. WILLIAM R. MOLONY, SR. (Los Angeles): Mr. Speaker, Members of the House of Delegates: Being one of the delegates to the American Medical Association from this body, I have not resigned for the very reason that my election came from this body. I am responsible to this body and if this body so elects at this time to pass a resolution or pass an action asking for my resignation, it is available immediately. However, there is a very serious situation in this matter that we must think of. In the first place, it sets a precedent whereby an elected officer of this Association elected in accordance with the constitution and by-laws of the California Medical Association at definite periods and for a definite time and at the very next session is asked to step out. The purpose of the constitution and by-laws of the California Medical Association provides that delegates to the American Medical Association, who are elected this year, serve in 1945 and 1946. What is the idea of that? If he is elected this year he has one year's time in which to familiarize himself with the obligations that he has taken upon himself and he gets himself in shape for the work he has to do. Next year he goes to the Association. If he has never been there before, it takes him a year to get acquainted. The following year then he is back again and, perhaps, he has been able to do something for the State that sent him. That was the purpose in the minds of the framers of the constitution and by-laws of this Association.

If that was carried further, what would prevent the House of Delegates or the Association passing a resolution recalling the State Council, or the constituent county societies passing a resolution that all Delegates to the State Societies are recalled. It destroys the security and continuity of action of the elected officers.

Insofar as the question of the resignation of each Alternate and Delegate is concerned, it is simply stated in there that it is without prejudice. Well, apparently, the reason that it was placed in there that way is that one, two, three, four or five, maybe all of them, for all I know, were not satisfactory to the Council. Certainly, you cannot say that is without prejudice as there must have been someone. If there is someone, if there is a delegate to the American Medical Association from this body who has not discharged his obligations, that individual should be singled out and given an opportunity to explain or to defend himself for any shortcomings that may be apparent to his colleagues.

That is the situation as I see it. I think it is a dangerous thing to adopt such a procedure and I say most sincerely, and I ask you men who carefully think of the future of this organization, to oppose and vote against the adoption of this resolution. There are other ways of handling these things. For instance, this year there are four of the delegates to the American Medical Association whose terms expire. Each year you have an opportunity to elect four new men, and if it is decided that is the correct way to handle this, that is the way to do this thing. The way this thing is set up it simply destroys that security that the Association has in its elected officers. Thank you.

DR. EDWARD M. PALLETTE (Los Angeles): I am not a delegate to the American Medical Association but I have sat for 12 years in this House of Delegates, 10 years as a delegate elected by this group and two years as a Trustee. I want to emphasize the importance of this. If you pass this resolution today you are establishing a most dangerous precedent.

It was said 15 years ago when the constitution and by-laws were adopted, if they did not work, they could be changed. There is no provision in our constitution and by-laws which in any way contemplates the recall of an elected officer. If you start to do that, there is going to be sudden waves of enthusiasm this way or that. Some officer, maybe your President, may displease the majority of this House and then you can recall that officer. It is a dangerous thing. Don't do it.

We recalled a Mayor in Los Angeles three or four years ago. A few days after he was recalled, I was coming out here on the train from Chicago. On the train I met Mayor Kelly. I met him at breakfast one morning. He was coming out here to get the American Legion convention for Chicago. He referred to the fact that Mayor Shaw had been recalled a few days before. Kelly said, "That is a most dangerous law. Do you remember a year or so ago there was a riot over on the north side of Chicago when a lot of racketeers or labor unions were rioting? We had to call out the police and four or five men were killed in order to put down the riot." He further said, "If we had had a recall in Chicago, and a recall law, I would not have dared to do that; I would not have dared to order out the police and shoot these people."

This recall thing is dangerous for this House to set a precedent on.

SPEAKER ASKEY: Is there any further discussion on this motion which is to adopt this resolution?

. . . The question was called for. . . .

SPEAKER ASKEY: The question is on the adoption of this resolution which is a request for the delegates to the American Medical Association to resign.

. . . A vote was taken on the motion. . . .

SPEAKER ASKEY: The Chair is in doubt. We will take a standing vote.

A MEMBER: A point of order. I would like to know if we are voting on accepting or rejecting the report of the Committee.

SPEAKER ASKEY: The Committee has moved the adoption of this resolution and the resolution asks these members to resign.

A MEMBER: A point of order. The motion by the Chairman was that the report of the Committee be accepted and that motion is still before the House.

SPEAKER ASKEY: The motion, as I understand it, is that the resolution be adopted.

DR. CANELO: Correct.

SPEAKER ASKEY: Is it clear then that we are voting on the resolution that the delegates resign?

All of those in favor stand?

A MEMBER: Would it be in order to call for a written vote?

SPEAKER ASKEY: The vote is now in process. Is there a motion that it be by ballot?

. . . It was moved, seconded and carried that the vote be by ballot. . . .

SPEAKER ASKEY: It is so ordered.

DR. SAMUEL AYRES, JR.: Would it be permissible to have some information as to the reasons why the Council unanimously favored this motion.

SPEAKER ASKEY: Not while the vote is in process because the vote has been called for.

* * *

Recess of C.M.A. House. To Permit Meeting of Administrative Members of California Physicians' Service

SPEAKER ASKEY: At this time, gentlemen, in order to save time, I am going to call a recess because at this time you will remember the California Physicians' Service Administrative Members are called to meet. I see our friend, Dr. Wilbur, is here.

I hereby declare a recess of this House of Delegates to re-convene immediately after the meeting of the Administrative Members of the California Physicians' Service.

. . . A recess of the House of Delegates was declared, to re-convene immediately after the meeting of the Administrative Members of the California Physicians' Service. . . .

(Editor's Note. As previously stated minutes of C.P.S. Administrative Members appear in this issue, in C.P.S. department. See page 329.)

* * *

Post-Recess Meeting. C.M.A. House of Delegates

. . . The meeting of the House of Delegates reconvened at 3:45 P.M. . . .

SPEAKER ASKEY: Will you please come to order?

* * *

Result of Ballot on Resignations of Delegates:

Dr. Nippert, will you give us a report on the vote on the Resolution in which the Delegates were asked to resign.

DR. E. NIPPERT: Mr. Speaker and Members of the House of Delegates: After careful count of the votes cast there were 167 which equal the number of qualified delegates to vote. The following votes were cast: 70 "noes" against the adoption of the Resolution and 97 "yes" votes for the adoption of the resolution.

SPEAKER ASKEY: The motion is carried and that means that the delegates are asked to resign.

First, may I call your attention to the fact that there is no compulsion for these men to resign. There is no method under our rules or constitution whatsoever by which we can make them resign. This is merely a request of the House of Delegates.

Dr. Canelo, will you continue with the Report of Committee No. 3:

* * *

Resolution No. 5: Presented by Captain John C. Ruddock

Re: California Physicians Available for Military Service and Records of Same

For Resolution as first submitted, see page 298.

WHEREAS, At this time the United States of America is engaged in a war in which the field of operations covers the entire surface of the world; and taxes the resources of this country in both raw and finished products and manpower to the limits; and

WHEREAS, The services of doctors of medicine are urgently needed in the various branches of military service, Army, Navy, Coast Guard, etc., to successfully accomplish and conclude military operations; and

WHEREAS, There is at this time less than sixty thousand physicians who have been taken from civilian life and placed on active duty with the various military branches; and distributed throughout the world wherever military personnel may be stationed; and

WHEREAS, During World War I some thirty thousand civilian physicians and surgeons were on duty with the military forces of approximately four million men concentrated in one zone of operation, namely, Europe; and

WHEREAS, There are some physicians of military age and physically qualified who are resisting military service and who are purposely or otherwise occupying so-called essential positions, which positions could be filled by older physicians or by physicians who have been rejected by the Armed forces because of physical disabilities; and

WHEREAS, The California Medical Association has continuously urged that any and all of its members who can qualify for military service apply for a commission; now, therefore be it

Resolved, That the House of Delegates of the California Medical Association, recognizing the urgent need for doctors in the Armed Forces at this time, instruct the Council of the California Medical Association to bring this matter to the attention of their individual county societies in the State of California and request the secretary of each society to report the status of its members with regard to their participation in military activities; and be it

Further Resolved, That the records of the actions of individual members of this Association, termed military service, be placed in and made a part of their respective files. Said record to be considered when such members are candidates for appointment of office within the Association, and; be it

Further Resolved, That the House of Delegates view with disfavor any member of this Association who can and should apply for service with the Military Forces and does not so apply.

After careful consideration of the original resolution and as a result of several opinions expressed at the hearing, your Committee felt that the following resolution was more appropriate.

Substitute Resolution Proposed:

WHEREAS, At this time the United States of America is engaged in a war which necessitates the most careful distribution of manpower; and

WHEREAS, The services of Doctors of Medicine are urgently needed in the armed forces; and

WHEREAS, The vast majority of Doctors of Medicine who have been declared available together with many others, have voluntarily enlisted in the armed forces at great sacrifice to themselves and their families; and

WHEREAS, There are other doctors of military age who have been declared available by the office of Procurement and Assignment and who have persistently refused to coöperate in the recommendation of this body; therefore, be it

Resolved, That the House of Delegates of the California Medical Association instruct the Council to bring this matter to the attention of their individual societies and request the secretary of each society to report the status of each of its members in regard to availability as determined by the Office of Procurement and Assignment; and be it

Further Resolved, That these records of availability be made a part of each member's Association file; and be it

Further Resolved, That the House of Delegates view with disfavor any members of the California Medical Association who refuse to act in compliance with the recommendations of the Office of Procurement and Assignment.

We recommend do pass, Mr. Speaker, and I so move.

SPEAKER ASKEY: You have heard the motion do pass on the amended resolution as presented by the Chairman.

DR. PALLETTE: I second the motion.

SPEAKER ASKEY: Dr. Ruddock!

DR. JOHN C. RUDDOCK: Mr. Speaker and Members of the House of Delegates: I appear before you today as a member of the California Medical Association and as an officer of the United States Navy. I am here representing all medical officers in the military service at this time. I want you to understand fully and exactly what that means. I was accused, when this resolution was put in, that I was looking at everybody's tonsils in this room. I doubt if I could recognize a tonsil, diseased or not. There is no intention whatsoever of looking in anybody's throat or at any individual. The purpose of this, from the standpoint of those who are actively engaged in wearing the uniform of the armed service, is this: Medicine today is in the throes of large social reform, not only medicine but everything else. Particularly in medicine those men who are away from here have no representation or say in anything that goes on with regard to any social reform that you may put into effect for us to do when we come back.

In speaking for them it would be very distasteful for any man who is overseas at this time or away from our organization without representation to have any of those who are able to take this position, men who are well within the enforced military age and who are resisting all the recommendations of the Procurement and Assignment and the invitation of the Army, the Navy, the Coast Guard and others, using every means at their disposal to prevent them from being inducted as a private in the Army or as an able seaman in the Navy. I will put this up as a request from me as a representative of all the medical officers in the service. Thank you.

SPEAKER ASKEY: Any further discussion on this motion?

DR. H. RANDALL MADELEY (Solano County): There is just one point I want to bring out in the new resolution. I believe it says that the secretary of each society would send the names of those men available in to the executive office of Procurement and Assignment or to the California Medical Association. I think that would well be done by the present Committee of Procurement and Assignment.

SPEAKER ASKEY: Is that merely a suggestion?

DR. MADELEY: That is merely a suggestion.

SPEAKER ASKEY: The question is before you. The motion is that this be adopted.

. . . There being no further discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is adopted.

Dr. Canelo, will you continue with your report?

* * *

Resolution No. 6: Submitted by Dr. Farman of Los Angeles

Re: Allocation of Department Material in "California and Western Medicine"

For Resolution as first submitted, see page 298.

WHEREAS, Many scientific papers contributed by members of the California Medical Association at annual sessions remain unpublished by CALIFORNIA AND WESTERN MEDICINE; and

WHEREAS, CALIFORNIA AND WESTERN MEDICINE is deviating from its primary purpose of reflecting progress in medicine as practiced in the State of California; and

WHEREAS, CALIFORNIA AND WESTERN MEDICINE is becoming more and more a political and propaganda journal; and

WHEREAS, The Editor, the Executive Committee of the Editorial Board, and the Editorial Board have frequently acted in an undemocratic manner in matters relating to publication of original scientific manuscripts and other material submitted; therefore, be it

Resolved, That the House of Delegates assembled here in annual session authorize the President of the California Medical Association to appoint a committee of five (to be composed of two members from the faculties of University Medical Schools, two general practitioners and one specialist) to investigate all the activities of CALIFORNIA AND WESTERN MEDICINE in order to restore the Journal to the free use and best interests of all members of the California Medical Association; and be it

Further Resolved, That the report and recommendations of this investigating committee be presented and acted upon at the next annual session of the California Medical Association.

Your Committee feels that machinery for properly handling CALIFORNIA AND WESTERN MEDICINE is already adequately set up. It consists of the Editorial Board of 30 members, representing all sections of Medicine and an Executive Board of five which passes upon and evaluates all papers before they are accepted or rejected. Your Committee has taken into due consideration the limitation of paper available due to war regulations and also other matters which are of urgent importance to the medical profession, namely economical and political matters. We feel these matters should be called to the attention of the Committee which actually has to do with this functioning and we, therefore, recommend do not pass. I so move.

SPEAKER ASKEY: For the purpose of clarification, I am going to rule and I will ask you that you move that it do pass, and your recommendation is that it do not pass. That is the correct procedure, I believe. Do you understand that now?

. . . There were cries of "no" from the members. . . .

SPEAKER ASKEY: The reason I am saying this is that parliamentarily you move the adoption of it and then you recommend one way or the other. I am ruling then that you understand the motion that it do not pass. Is there any discussion?

. . . The motion was seconded, put to a vote and carried. . . .

SPEAKER ASKEY: The motion is carried which means that it does not pass.

* * *

Resolution No. 7: Submitted by Morton R. Gibbons

Re: A Plan for Civilian Defense Organizations

For Resolution as first submitted, see page 298.

WHEREAS, No organization of the medical and nursing professions and the hospitals of California, such as the Emergency Medical Service, existed prior to the time it was devised by the United States Office of Civilian Defense for the war emergency; and

WHEREAS, The value of such organization has been repeatedly demonstrated in natural major disasters, and potentially, in disasters due to enemy action; therefore, be it

Resolved, That a permanent organization be formed within the California Medical Association, based on plans of the Office of Civilian Defense, in order that emergency medical care may be prepared in advance, in event of natural major disasters, and be it

Further Resolved, That the California Medical Association, the California State Nurses Association and the Association of California Hospitals be requested to form suitable organizations and to coöperate in development and promotion of the plan; and be it

Further Resolved, That such organization be prepared to function in coöperation with existing organizations, Federal, Civic and private, when indicated by public necessity.

Because of the fact that certain statements made in

the resolution are in error because of the fact that certain committees have functioned well in caring for disasters even prior to the set up of the immediate emergency as organized, the Committee feels that the following resolution should be more appropriate.

Substitute Resolution Proposed:

WHEREAS, The Emergency Civilian Defense units were organized and operated with such efficiency in the exigency of military disaster; and

WHEREAS, The need for these units for military purposes has ceased to exist; and

WHEREAS, They have served and may continue to serve as civilian units prepared for a national or local disaster; therefore, be it

Resolved, That this House of Delegates go on record as urging its members to continue to coöperate in the maintenance of local units for civilian protection in the event of a disaster.

We recommend this substitute resolution, and, Mr. Speaker, I so move.

DR. MACDONALD (Sacramento): I second the motion.

SPEAKER ASKEY: Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is carried and it is adopted.

Resolution No. 8: Submitted by Dr. Dewey

Re: Congressman Miller's Bill: (H.R. 4663. Plan to Place Federal Children's Bureau Under U.S.P.H. Service)

For Resolution as first submitted, see page 299.

Resolved, That the House of Delegates of the California Medical Association fully approves and endorses the bill recently introduced in the House of Representatives of the United States by Congressman Miller, of Nebraska, under the terms of which the functions of the Children's Welfare Bureau of the Department of Labor are transferred to the United States Public Health Service; and be it

Further Resolved, That this Association fully endorses and urges the principle that all Federal governmental activities relating to the public health and to the practice of medicine should be under the sole and exclusive jurisdiction of the United States Public Health Service, the agency most qualified to deal with such matters.

As a matter of information, that bill introduced was House Bill No. 4663 by Congressman A. L. Miller of Nebraska.

The Committee concurs with the resolution and recommends it do pass. Mr. Speaker, I so move.

. . . The motion was seconded, and, there being no discussion, it was put to a vote and unanimously carried. . . .

SPEAKER ASKEY: It is carried and so ordered.

Resolution No. 9: Submitted by Dr. Blong of Los Angeles

Re: Request to Have A.M.A. Endorse "United Public Health League"

For Resolution as first submitted, see page 299.

WHEREAS, There is a growing demand from physicians throughout the entire United States for an active, practical representation in Washington, D. C., to present to members of Congress and government departments the views of practicing physicians on pending public health and medical legislation and to in turn relay to physicians pertinent information from our national Capital; and

WHEREAS, The American Medical Association is organized for activity only in the field of scientific endeavor and is not constituted nor inclined to provide the practical political representation demanded in these changing times in Washington; and

WHEREAS, The action of the Council on Medical Service and Public Relations of the American Medical Association in establishing in Washington an office of "medical economic research" which is to be charged with "the collection of information and statistical data concerning medical care, its distribution, its availability, its costs and its control in various parts of the United States and that the information thus collected be made available to the medical profession through the publications of the American Medical Association, to the Bureau of Medical Economics of the American Medical Association for its studies of this problem, and to other appropriate agencies interested in the extension of medical service and the provision of medical care and related subjects"—is laudable but does not meet the practical political demands of present day Washington; and

WHEREAS, The United Public Health League is the only organization that has to date established an effective bureau in Washington on behalf of the practicing physician; and

WHEREAS, The membership of the United Public Health League is composed of members of the American Medical Association and the United Public Health League is in reality a federation of state medical associations united for common effort in the economic and political fields, not infringing upon the splendid scientific work of the American Medical Association or acting contrary to its policies; now, therefore, be it

Resolved, That the delegates of the California Medical Association to the meeting of the House of Delegates of the American Medical Association in June, 1944, be instructed to present a resolution to said American Medical Association House of Delegates, requesting that body to endorse the United Public Health League, as a vehicle for meeting the demands of the rank and file membership of the American Medical Association in the economic and political fields, and to use their best effort to secure adoption of such resolution.

Your Committee concurs with the resolution and recommends do pass. Mr. Speaker, I so move.

DR. NIPPERT: I second the motion.

SPEAKER ASKEY: Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is carried and so ordered.

Resolution No. 10: Presented by Dr. K. C. Brandenburg of Long Beach

Re: Suggestions to A.M.A. Regarding Public Relations, Personnel and Other Policies

For Resolution as first submitted, see page 299.

Resolved, That the California Medical Association Delegates to the American Medical Association be instructed to promote the following principles of action on the part of the American Medical Association.

1. Emphasis on the scientific rôle as being of paramount concern to the American Medical Association.

2. Employment of skilled public relations counsel to head Committee of Public Relations. Need not be a doctor.

3. Political contact work to be done along the lines of the United Public Health League.

4. American Medical Association public relations man to coöperate with various Public Health League representatives in Washington, if so desired, and scrutinize public statements purporting to come from organized medicine in order to determine what their effect on public opinion might be.

5. Public Relations Council of the American Medical Association to disseminate information concerning Public Relations activities of various State Medical Associations, and measures taken by these component societies to meet the local situation.

6. No further public statement of policy by American Medical Association officials on political and economic matters until the opinion of the medical profession as a whole, now in flux, has become crystallized, this to be determined by repeated polls.

7. Proper retirement arrangements to be made for American Medical Association officials who have served long and well.

Your Committee reviewed this resolution very carefully and they feel that the principles embodied in this resolution are adequately covered in resolution Number 9 which was just adopted. We, therefore, recommend that this resolution do not pass. Mr. Speaker, I so move.

. . . The motion was seconded. . . .

SPEAKER ASKEY: Is there any discussion?

DR. AYRES: Is it true that all of the provisions of this resolution are adequately covered in that previous resolution? It seems to me there are some things here

which are important. First, is the last paragraph. I do not think that is covered in the previous resolution and it is quite possible that certain other features might well deserve to be considered by this body. I think we should not pass over this too lightly but that we should give this a little discussion. I think it is a very worth while resolution from many angles.

Dr. K. C. Brandenburg (Long Beach): The last paragraph is covered in a resolution to be submitted by Reference Committee Number 2.

Speaker Askey: Does the Chairman wish to withdraw that part of the resolution?

Dr. Brandenburg: The only part that is not covered is the proposal of the American Medical Association in public relations. If you want to employ public relations to coöperate with the United Public Health League, you should go ahead with this unless you want to wait and see how this other resolution affects the picture.

Speaker Askey: Dr. Brandenburg is referring to the Council's resolution which was referred to Reference Committee Number 2 which had to do with the requesting of the resignation or dismissal of two members of the American Medical Association, and specifically Dr. West and Dr. Fishbein, and that will be covered in the report of Dr. James Doyle. If Dr. Brandenburg thinks this matter is better covered in this other resolution, and which will be covered in the other report, I think he could withdraw at this time.

Dr. Brandenburg: It is not entirely covered but the last paragraph is covered. If you want to have a statement of policy for regulating public relations of the American Medical Association you better consider this resolution. It does cover it.

Speaker Askey: I think we had better leave this stand.

Dr. Brandenburg: There is no conflict between this and what Dr. Doyle proposes.

Speaker Askey: Is there any further discussion on the motion—if not, Dr. Canelo, will you repeat your motion again?

Dr. Canelo: The Committee recommends that this resolution do not pass. I, therefore, move the defeat of this resolution.

Speaker Askey: I apologize. The Chair was in error. The motion is that this do not pass. All those in favor of the motion that this do not pass say "aye"—opposed "no."

. . . A vote was taken on the motion. . . .

Speaker Askey: The Chair is in doubt. Will you please rise?

Dr. Madeley: Is it possible to hold this one resolution until after Reference Committee Number 2 reports which should have reported first anyhow, and then, if there is any further discussion, we can decide what we want to do.

Speaker Askey: If you desire to lay it on the table, it is in order to make such a motion.

Dr. Madeley: I move that it be tabled.

. . . The motion was seconded. . . .

Dr. Doughty: A point of order. May a motion be laid on the table after the Reference Committee has made their report?

Speaker Askey: This is simply a motion that further discussion be delayed until after the report of Reference Committee Number 2 is made.

. . . There being no further discussion, the motion was put to a vote and it was carried. . . .

Speaker Askey: Consideration of the resolution is laid on the table until that time.

Amendment to By-Laws. Re: Grievance Committees

Dr. Canelo: The other matter to come before Reference Committee Number 3 was the Amendment to Section 3(a) (2) of Chapter II of The By-Laws of The California Medical Association as follows:

Paragraph 2 of sub-section (a) of Section 3 of Chapter II of the By-Laws of this Association, California Medical Association, is hereby amended by deleting from said paragraph 2 the sentence reading as follows:

"At the expiration of the terms of office of the respective members of such Committee successors shall be elected in like manner to serve for a period of one (1) year each."

and substituting in lieu of said sentence the following:

"At the expiration of the terms of office of the respective members of such Committee successors shall be elected in like manner to serve for a period of three (3) years each."

This amendment was incorrectly stated through an error in the publication thereof. In order to correct this error, the proposed amendment is neeessary. We, therefore, recommend a do pass, Mr. Speaker, and I so move.

Speaker Askey: I hear a motion of do pass. Is there a second?

. . . The motion was seconded. . . .

Speaker Askey: Is there any diseussion?

. . . There being no discussion, the motion was put to a vote and it was carried. . . .

Speaker Askey: It is carried and so ordered.

Resolution. Re: Public Relations Survey by Foote, Cone and Belding

At this time I am going to call on Dr. MacDonald to present the resolution which the House allowed him to make. There is also one other resolution which I would ask, on behalf of the Council, that the House give its unanimous consent to present. That is merely a resolution of appreciation. In order that it may be presented and acted upon today it requires a unanimous vote.

. . . It was moved, seconded and carried that the resolution be presented. . . .

Speaker Askey: It will be allowed to be entered. Dr. MacDonald, you have the floor.

Dr. Frank A. MacDonald: Mr. Speaker and the House of Delegates:

Whereas, The survey conducted by Foote, Cone & Belding through their representative, Mr. John R. Little, has furnished the physicians of this State with valuable data and supplied new insight into medical public relation problems; and

Whereas, This survey was conducted by this organization at cost, without regard to the time and effort expended; now, therefore be it

Resolved, That the House of Delegates of the California Medical Association express herewith its hearty commendation of the sevices rendered by this firm and particularly for the splendid presentations, timely advice and untiring efforts of Mr. Little.

I move that it be adopted.

Dr. Dewey: I second the motion.

Speaker Askey: Is there any discussion?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

Speaker Askey: It is adopted.

Resolution of Appreciation. Re: Trustees of C.P.S.

Dr. Goin!

Dr. Goin: Mr. Speaker, in the absenee of the Chairman, I will introduce on behalf of the Counеil this resolution:

Resolved, That the House of Delegates express its deep appreciation of the service rendered during the last five

years by the Trustees of the California Physicians' Service through A. E. Larsen and Ray Lyman Wilbur who during the formative period of California Physicians' Service gave so generously of their time and effort to its upbuilding and development.

I move the adoption of this resolution.

. . . The motion was seconded, put to a vote and carried. . . .

SPEAKER ASKEY: It is adopted and so ordered.

DR. GOIN: I move, for the record, that the action of the House be unanimous.

DR. BRUCK: I second the motion.

. . . The motion was put to a vote and it was carried unanimously. . . .

SPEAKER ASKEY: We now come to the report of Reference Committee Number 2. I will call on the Chairman, Dr. James C. Doyle of Beverly Hills.

* * *

Report of Reference Committee No. 2. Dr. James C. Doyle, Chairman (Continued)

DR. DOYLE: Mr. Speaker and Members of the House of Delegates: At the outset may I thank H. Randall Madeley and K. C. Brandenburg for their excellent help and all others who participated in the formation of this report.

Report of the Council:

* * *

This Committee recommends the acceptance of the *Report of the Council* as printed, with these additions:

Section 3, Finances: It is the attitude of this Committee that the constructive and intelligent action of the Council in appropriating funds to make possible—

(a) The Mannix Report

(b) The Foote, Cone and Belding Survey

(c) The United Public Health League

be heartily endorsed as being in accord with the best interests of the medical profession of California and the country at large.

(d) We further agree with the Council's recommendation for the appropriation of funds to promote the objectives as set forth by Mr. Little in his address which was so enthusiastically received by the House of Delegates of the California Medical Association convening in Los Angeles May 7, 1944.

(e) We further recommend that the House of Delegates support the Council in such steps as may be required in the implementation and financing of the recommendations embodied in Mr. Little's report.

This Committee moves the adoption of this portion of the report.

. . . The motion was seconded, and, there being no discussion, it was put to a vote and carried. . . .

SPEAKER ASKEY: This section of the report is adopted.

* * *

DR. DOYLE: Relative to Item 14 of the 313th Council Meeting held in Los Angeles on October 10, 1943, presented at that time by Dr. Edwin L. Bruck, and printed in C. AND W. M. of November on page 276, I shall give you a brief résumé because this encompasses some of the Committee Number 3's points which resolution was just tabled. (See also Resolution No. 10 by Dr. Brandenburg.)

WHEREAS, The Medical profession in America finds itself facing the most critical period of its existence; and

WHEREAS, The failure of maintenance of proper contact groups at the national capital, and the substitution therefor of feeble personal effort, has been a contributing cause of the conditions in which the medical profession finds itself; and

WHEREAS, Because of lack of understanding of basic issues and problems of certain officers of the American Medical Association, public opinion is ever turning against organized medicine; and

WHEREAS, These changes in public opinion allow various and certain pressure groups to advance their own selfish causes; and

WHEREAS, The political adherents of socialized medicine have seized upon the rising tide of public criticism against organized medicine in an effort to accomplish their own desires; and

WHEREAS, The unnecessary continuous defensive position of the officers of the American Medical Association makes it impossible for them to take leadership in bringing about proper general understanding of the real public needs with respect to medical care and progress; and

WHEREAS, The officers of the American Medical Association should long ago have taken a more constructive and aggressive lead in the study and organization of properly-conducted, medically-controlled, prepaid medical care plans, but have not done so, and instead have found themselves placed in an increasingly bad defensive position; and

WHEREAS, It is our belief that the archaic attitude of certain of the officers of the American Medical Association regarding future conduct of medical practice and care of the public health is born of lack of foresight, or of an over-estimate of their ability to fend off any deviation from past practices; and

WHEREAS, All of the foregoing has a great influence on the part that medicine must play in postwar planning in order that control of health and medical care be placed in the hands of the experts, in this case, namely, doctors of medicine now; therefore be it

Resolved, By the Council of the California Medical Association that there shall be placed before the next House of Delegates of the California Medical Association a request that this Association's Delegates to the American Medical Association's House of Delegates urge the following action by that House of Delegates:

1. The replacement of certain of the officers of the American Medical Association, to include the secretary and the editor of the Journal;

2. That a contract for suitable and proper survey of public opinion regarding its attitude toward organized medicine, medical care and proposed medical legislation be undertaken;

3. That an analysis of such information obtained by a qualified corps of experts outside of the American Medical Association be made;

4. That the information and instruction received through such surveys and analyses be properly used and not discarded (in order to attempt to mold public opinion into proper form);

5. That a suitable contact organization be set up at the National Capital to try to regain that confidence of the legislators which the medical profession has enjoyed in the past; and, be it

Further Resolved, That a copy of this resolution be sent to all other Delegates to the American Medical Association with a plea to further the above action in the House of Delegates of the American Medical Association.

This Committee cannot recommend the adoption of the resolution as read, but does recommend that the House of Delegates instruct the California delegation to the American Medical Association to introduce into the House of Delegates of the American Medical Association a resolution memorializing the Board of Trustees of the American Medical Association, requesting said Board to confine the activities of the Editor of the *Journal of the American Medical Association* to his editorial duties and to specifically restrict further public utterance of a political or economic nature.

This Committee in addition recommends that the House of Delegates of the California Medical Association instruct the California delegation to the American Medical Association to introduce into the House of Delegates of the American Medical Association a resolution commending the Secretary of the American Medical Association for his long, valuable and faithful service to American medicine, expressing the gratitude of the profession for that service, assuring him of our affection and promoting him to the office of Secretary Emeritus for life.

This Committee moves the adoption of this portion of the report, and, Mr. Speaker, I so move.

SPEAKER ASKEY: As I understand it, the resolution which was presented is before you. Is there a second?

Dr. Brandenburg: Second the motion.

Dr. Bruck: This resolution as presented before the Council carried with it a great deal of the thought and a great deal of the wishes of the doctors of the State of California. We had all long listened to the utterances of the Editor of the *Journal of the American Medical Association* which were not confined to editing a very good publication, I must say. We listened to him over the radio in various conferences where he should not have been in the first place and, in the second place, which he handled very poorly, and, in the next place, in the papers the next day he got himself into enough trouble that he brought down a certain amount of criticism on the Council of the A.M.A. which is the doctors of the United States of America. To think that the Editor of the *Journal of the American Medical Association* would confine his remarks or confine his efforts to editing the Journal, after he has had such a free rein for such a long time, is almost ridiculous to me. I don't believe for a minute that the Editor of the *Journal of the American Medical Association* could help from giving vent to a lot of feelings which he should keep inside for the good of American medicine. The Editor of the *Journal of the American Medical Association*, to me, has, as I said, for a long time not put out a very good publication. He has been arrogant on the position of American medicine in Washington and you have heard what it has been from Dr. Murray and Mr. Ben Read and Dr. Benbow Thompson, and undoubtedly, from numerous other ones, and it is not a good one. If you have talked to any one of these individuals you will have found out that 99 44/100ths per cent of it is directly due to the attitude taken by the American Medical Association in Washington, and they know what the attitude of Dr. Fishbein has been in Washington. The Editor of the *Journal of the American Medical Association* and the other representatives of the American Medical Association who have gone to Washington have failed utterly to influence favorably or to do anything in Washington which might influence favorably the attitude of both the Senate and the Congress regarding medical bills which are coming up now and which may come up in the future.

As far as the Secretary of the American Medical Association is concerned, ever since the suit in Washington in which he was indicted along with numerous other members of the A.M.A., he has had a very bad case of shell shock and has not been doing anything or allowed himself to do anything.

This all may go back to the fact that a number of years ago the American Medical Association was accused by the Treasury Department of being a business league. These individuals went to great length and with expense to the American Medical Association to prove that the American Medical Association was not a business league and it was a scientific organization which, of course, was a very wise thing to do. Because that prevented them from now on, for evermore, of ever taking any part in the politics of California or any place else because if they do we are classified back again as a business league. Which in itself would be all right, but the officials of the A.M.A. did such a fine job and they proved so well we are not a business league that they will never let us get back in that category again, I am quite sure.

So I think that a lot of the things that have gone on in Washington and a lot of the things that have gone on all over the country and a lot of the things that have been done have been the utterances and the writings of the Editor of the *Journal of the American Medical Association* I, for one, and I hope the rest of you will see that if the Editor of the *Journal of the American Medical Association* is dismissed he would have too much time on his hands. (Applause.)

Speaker Askey: Any further discussion? The motion is before you. The motion before you is that this portion of the report be adopted. Are you familiar with it or do you wish it re-read?

' ' '

Dr. Doyle: The committee cannot recommend the adoption of the resolution as read but does recommend:

(a) That the House of Delegates instruct the California delegation to the American Medical Association to introduce into the House of Delegates of the American Medical Association a resolution memorializing the Board of Trustees of the American Medical Association, requesting said Board to confine the activities of the Editor of the Journal of the American Medical Association to his editorial duties and to specifically restrict further public utterance of a political or economic nature.

(b) That the House of Delegates of the California Medical Association instruct the California delegation to the *Journal of the American Medical Association* to his House of Delegates of the American Medical Association a resolution commending the Secretary of the American Medical Association for his long, valuable and faithful service to American medicine expressing the gratitude of the profession for that service, assuring him of our affection and promoting him to the office of Secretary Emeritus for life.

This committee moves the adoption of this portion of the report.

Speaker Askey: The reason I asked you to read that again is because there are two points involved. Now I will rule that it is the sense of this body that you understand that these two things are involved and a vote on which will involve the two unless I hear an appeal to have them separated.

Dr. Goin: I want to agree with Dr. Bruck in what he said but I also want to say, for the benefit of the Chairman of the Reference Committee, that in the resolution offered, there is probably a more tactful way to approach the subject. I would also like to advise the House of Delegates that the House of Delegates of the American Medical Association is not able to discharge Dr. Fishbein and all the House of Delegates can do is ask the Board to do so, so I would like to ask that Dr. Bruck's original resolution, which is not included in the two just read, and the first section of which, I believe, concerned the two American Medical Association officers, if that could not be ruled out and the whole resolution be amended as I have so indicated.

Speaker Askey: I think to avoid misunderstanding that would be true when you read or consider the whole resolution as it is now on the floor as amended. I think that will take care of the situation. Do you understand what I mean? In the first resolution, which was passed by the Council, and to which Dr. Bruck was speaking, this point is covered, and then the last part would be an amendment of it. It is the desire of Dr. Goin, as I understand it, that when an amendment to the resolution is introduced, it is parliamentary procedure to vote on the amendment. This is not an amendment actually, as it stands before you. This is a substitute resolution by this Committee and I believe the correct way to do it would be to vote on it and then, if the House wishes to, we can call to the House floor any part of the original resolution. They have that privilege. I will so rule.

Dr. Goin: I will move that the Committee's report be accepted. I will move that the resolution submitted by Dr. Bruck of San Francisco, being item 14 of the 313th Council, be amended by striking therefrom number 1 and substituting the two resolutions just introduced by the Chairman of the Committee. (Resolutions tabulated as (a) and (b).

. . . The motion was seconded. . . .

SPEAKER ASKEY: You have heard the motion and the amendment put to you. Dr. Doyle's motion is still before you. Do you move an amendment to the motion to include the interpretation you put on it?

DR. GOIN: Mr. Speaker, I am not too sure about that. I believe that the original mover of the original resolution, in this case Dr. Bruck, has the right to call up the original resolution if he desires. Perhaps, Dr. Bruck would like to call up the resolution.

SPEAKER ASKEY: That is true. You have the right to request the original resolution be considered.

DR. BRUCK: I would like to call the original resolution to the floor and have that considered in place of the substitute resolution offered by Reference Committee Number 2. I so move.

. . . The motion was seconded. . . .

SPEAKER ASKEY: You have heard the request of the original maker of the resolution to have it brought up on the floor.

. . . A vote was taken on the motion and it carried. . . .

SPEAKER ASKEY: It is carried.

DR. GOIN: I renew my motion to amend the resolution as I just recited.

SPEAKER ASKEY: That is in order. Is there a second to the motion?

. . . The motion was seconded, put to a vote and carried. . . .

A MEMBER: May we know what the amendment is? I don't quite follow it.

DR. GOIN: The main resolution is now before the House. I move that we delete from it paragraph 1 which says as one of the things to be done, "The replacement of certain of the officers of the American Medical Association, to include the secretary and the editor of the Journal;" and substituting the two resolutions offered by the Chairman of this Reference Committee.

SPEAKER ASKEY: That means that Dr. Bruck's resolution is intact except the point where it is stated that the Secretary and Editor were to be removed, and substituting the resolution which was more tactfully given by Dr. Doyle. Is that clear?

A MEMBER: Could we have that original resolution read?

SPEAKER ASKEY: There is a request for further information.

DR. ROBERTSON WARD (San Francisco): I think the question that is up now is do we want to fire Morris Fishbein, the Editor of the *Journal A.M.A.*, or do we want to present to the American Medical Association a request that he be confined to editing the *Journal*. Isn't that it?

SPEAKER ASKEY: That is part of it.

DR. WARD: This part of the resolution needs to be clarified, if it is no clearer to you than it is to me. I would like to suggest that we put that down more tactful or not down in black and white. Is that the concensus of opinion?

SPEAKER ASKEY: The thing is pretty plain as I see it. The only thing presented by Dr. Bruck's contention is the question of these two officers. Now if we can withdraw that and act on the other part and then take up this as a distinct motion by Dr. Doyle I think it will solve the problem.

DR. AYRES: Mr. Chairman and Delegates: Every time we get to the point of taking some kind of action which means something and which would solve some of the problems that need solving, we probably get cold feet and back down on it. It seems to me the Council has given this matter a great deal of thought. From the evidence that has been presented here everybody knows every time they listen to the radio or read a paper there is something to the effect that the editor of the Journal is recognized by everybody, or, at least, the lay public, as the spokesman for American medicine. I don't think anybody in the entire country has done more to engender bad public relations. Why pussyfoot about that thing? If this would hurt somebody's feelings, it is just too bad. Maybe the wording of this thing could be softened down a little bit but why not put the intent in it and know what should be done. Let's go on from here. I would like to urge that this House vote for the original resolution as it was presented and without any amendment.

SPEAKER ASKEY: The amendment is before you as given by Dr. Goin. If you believe as Dr. Ayres does you should vote down the amendment. Is there further discussion on the amendment?

DR. BRANDENBURG: May I say that I am heartily in favor of Dr. Bruck's idea. We feel the same way he does about it even if we fail to talk about it as that might not be feasible. We felt that we could get as much as we could. The question is not whether we want to throw him out but we might just have to take the middle course. The question is we cannot get what we are proposing here.

SPEAKER ASKEY: The question before you is do you want to adopt this amendment. You will substitute Dr. Doyle's recommendation for the first portion of Dr. Bruck's resolution, and, if you vote against it, you will then be considering the original resolution as originally entered.

. . . The motion was put to a vote, and the "noes" were in the majority. . . .

SPEAKER ASKEY: The amendment is lost and the original resolution is before you. Is there any further discussion on the original resolution?

DR. EDWARD M. PALLETTE (Los Angeles): We are voting on two things here; references to the A.M.A. Editor, and to the A.M.A. Secretary. I think that those things should be acted upon separately. In this resolution, Dr. Bruck refers to two different men, the Secretary and the Editor. I would like to move that the reference to the Secretary be deleted from this resolution at this time.

SPEAKER ASKEY: That is another amendment to the motion. Is there a second?

DR. BRUCK: In order that the gentlemen of the House may vote on this separately, I would like to second Dr. Pallette's motion.

SPEAKER ASKEY: Dr. Pallette's motion is seconded by Dr. Bruck as an amendment to the original resolution wherein you wish these two names to be separately voted on. Is that expressing it correctly?

DR. PALLETTE: That is correct. I move that reference to the Secretary be deleted from the resolution.

SPEAKER ASKEY: The amendment is that reference to the Secretary be deleted from this resolution.

DR. GOIN: I would like to have the Chair rule on this point. If the Secretary section is deleted, it would call for a new resolution and a new resolution cannot be introduced.

SPEAKER ASKEY: That is correct except by unanimous vote. Dr. Pallette, I will recognize you again.

DR. PALLETTE: I said for the present, however, if the Chair rules otherwise I will move, with the consent of my second, that we vote upon two parts of the resolution separately.

SPEAKER ASKEY: The amendment then is as stated that you vote on two parts of the resolution; in other words, we just had a motion to amend which did the same thing. It substituted another one for this. The rule of

this Chair is that you will vote on the original amendment, the original resolution as it is before you as it was originally, if there is no appeal from that action. You have your opportunity for appeal.

Dr. Carl R. Howson (Los Angeles County): Mr. Chairman and Gentlemen: This resolution covers at least four distinct things; the question of dispossession of the Secretary of the Association; the question of dispossession of the Editor; the question of survey of public opinion and the use of such survey, and, finally, the question of a contact organization. These are covered in five paragraphs which seem to be tangling us up so I would like to move that these questions be considered under four heads; first, the Secretary; second, the Editor, third, the survey and the uses to which it shall be put, and, fourth, the question of a contact organization.

. . . The motion was seconded. . . .

Speaker Askey: Do you understand it now? This amendment just moved by Dr. Carl Howson would separate this resolution into five, or whatever number it might be, items. Is there any discussion on the amendment? If not, the question before you is on the amendment which is to accept your original resolution.

. . . A vote was taken on the amendment and the amendment was lost. . . .

Speaker Askey: The motion is now before you on the original resolution as presented by Dr. Bruck.

Dr. Ward: Would it be satisfactory and follow the dictates of all here if we changed the resolution once more? Let's leave the reference to the Editor of the Journal and substitute Dr. Doyle's recommendation for the Secretary; in other words, I would like to make a motion, in order that this whole problem can be settled in one vote, that the original resolution of Dr. Bruck be left as it is excepting for reference to the Secretary of the American Medical Association and in which the wording will be substituted of Dr. Doyle's motion.

Speaker Askey: Is that clear to all of us—that this is another amendment? Is there a second?

Dr. Murray: I second the motion.

Speaker Askey: Dr. Murray has seconded the motion to the amendment to this resolution, that you leave the original wording in regard to the Editor alone, but substitute for reference to the Secretary the words as used by Dr. Doyle in his recommendation.

Dr. Goin: Before you vote on that I would like to call the attention of this House to something. I presume the object of the House in taking any action at all is to do what it wants to do. There is no use to try to do something you cannot possibly do. You had better approach the problem from a practical standpoint. For your information the Secretary of the American Medical Association has the complete support of the Solid South and the Solid South has the majority of the House of Delegates. The House of Delegates elects Dr. West. Dr. West is an extremely popular man in the House of Delegates. You will not get very far by demanding dismissal. You will get some place by promoting him upstairs.

Speaker Askey: That would be the intent of Dr. Doyle's resolution, and, if you will remember, it was memorializing him and asking that he be made Secretary Emeritus for life. If you leave the reference in to the Editor and cut Dr. Doyle's reference to the Secretary that is what you are doing. Is that understood?

The question is on the amendment. Do you recall Dr. Doyle's last statement regarding the Secretary? If you wish, he will re-read it. They desire that the reference to the Secretary of the American Medical Association be re-read.

Dr. Doyle: "This Committee in addition recommends that the House of Delegates of the California Medical Association instruct the California delegation to the American Medical Association to introduce into the House of Delegates of the American Medical Association a resolution commending the Secretary of the American Medical Association for his long, valuable and faithful service to American medicine expressing the gratitude of the profession for that service, assuring him of our affection and promoting him to the office of Secretary Emeritus for life."

Speaker Askey: The question on the amendment is before you.

. . . There being no further discussion, a vote on the amendment was taken, and the motion carried. . . .

Speaker Askey: The amendment is carried.

The original resolution as amended is now before you which is the resolution of Dr. Bruck with reference to the Editor unchanged but with reference to the Secretary changed as you have just amended it. Is there any further discussion?

. . . There being no further discussion, a vote was taken on the original resolution as amended, and the motion was carried unanimously. . . .

Speaker Askey: It is carried and so ordered.

Dr. Doyle, will you continue?

Dr. Doyle: Should I move that the vote as recorded was unanimous?

Speaker Askey: There is nothing before the House. The record shows that the vote was unanimous.

Dr. Doyle: I so move.

Speaker Askey: There is a motion before you that the vote on the previous question be unanimous.

. . . The motion was seconded, put to a vote and it was lost. . . .

Speaker Askey: The motion is lost. It was not recorded as unanimous. It was unanimous but not so recorded.

Dr. Doyle!

* * *

Items in a Supplementary Report from the Council

Dr. Doyle: This is supplementary report of the California Medical Association Council presented by Council Chairman, Philip K. Gilman, at the House of Delegates, Sunday, May 7, 1944.

* * *

Re: Liaison Committee of Eight on Medical and Hospitalization Services:

Section (b) During the last year earnest effort has been made to bring into being a method of medical and hospitalization service, whereby the California Physicians' Service; the Hospital Service of California; the Hospital Service of Southern California, and the Inter-Coast Hospitalization Insurance Association, could work together in close unity and coöperation. The liaison committee of eight made certain recommendations, and these have been approved by the three hospitalization groups and C.P.S.

The Association of California Hospitals has appointed a committee of three to represent the hospitals of California, and that committee will act in conjunction with a similar committee of three for the California Medical Association, to use all possible endeavors to bring about the fulfilment and fruition of the plans that have been discussed in the meeting of the committee of eight. The House may rest assured that the Council of the California Medical Association will endeavor to aid in the bringing about of these changes as rapidly as is humanly possible.

This committee recommends the adoption of this portion of the addenda and wishes to compliment at this time the excellent work accomplished by this original committee of eight.

I so move, Mr. Speaker.

. . . The motion was seconded, put to a vote and carried. . . .

SPEAKER ASKEY: It is carried.

* * *

Relative to Malpractice Problems:

Section (d) of Council Chairman Philip Gilman's report which is as follows:

Concerning the malpractice problems incident to the high rates of premium for malpractice insurance coverage, the Council is making all effort to bring about a better arrangement.

In similar manner earnest endeavors will be made to bring about a more equitable schedule for fees for professional services rendered under the Industrial Accident Commission.

This Committee recommends the adoption of this portion of this report. I so move.

DR. NIPPERT: I second the motion.

. . . The motion was put to a vote and carried. . . .

SPEAKER ASKEY: This section of the report is adopted.

* * *

Regarding Articles in California and Western Medicine:

The Council has placed upon the Executive Committee of the Editorial Board and not the Editor the responsibility of deciding what papers shall be accepted and what manuscripts shall be released for publication elsewhere.

This Committee recommends the adoption of this report. Mr. Speaker, I so move.

. . . The motion was seconded, it was put to a vote and carried. . . .

SPEAKER ASKEY: It is so ordered.

* * *

Regarding the United Public Health League:

Resolved, That the House of Delegates of the California Medical Association hereby fully approves and endorses the creation of the United Public Health League and the full participation of said League by the California Medical Association; and be it

Further Resolved, That the Council of the California Medical Association is hereby instructed to continue active support, both financial and otherwise, of the United Public Health League.

This Committee recommends the adoption of this portion of the report. I so move.

DR. NIPPERT: Second the motion.

. . . The motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is adopted.

* * *

DR. DOYLE: This committee moves the adoption of the *Report of the Secretary-Treasurer* as printed in the Journal, CALIFORNIA AND WESTERN MEDICINE.

I so move, Mr. Speaker.

. . . The motion was seconded, put to a vote and carried. . . .

SPEAKER ASKEY: That section of the report is adopted.

* * *

Report of the Executive Secretary:

DR. DOYLE: This committee wishes to congratulate Mr. John Hunton, Executive Secretary of the California Medical Association, for his excellent contributions and fine work in carrying out his duties, and to further endorse his appointment as Executive Secretary of the United Public Health League.

This Committee moves the adoption of this portion of the report. I so move, Mr. Speaker.

. . . The motion was seconded, put to a vote and carried. . . .

SPEAKER ASKEY: That section of the report is adopted.

Report of the Editor:

DR. DOYLE: Your committee realizes that during the exigencies of the present time that the amount of space allotted to scientific manuscripts has been of necessity curtailed.

Undoubtedly there is a misconception in the minds of many members regarding the full concept of our State Journal, CALIFORNIA AND WESTERN MEDICINE is in many respects the only practical means of informing its membership of its many necessary activities as well as scientific material.

The committee therefore feels that there has been a fair allotment of space under the present circumstances and moves the adoption of this portion of the report. I so move.

DR. NIPPERT: I second the motion.

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is so ordered.

* * *

The Special Report by Mr. Little to the House of Delegates re: Public Relations Survey:

Your committee is pleased to heartily endorse this excellent report and to recommend:

That the Council be instructed to proceed in accordance with the recommendations of the report and be fully authorized to take such steps as may result in the accomplishment of its aims as expeditiously as possible. This committee approves the adoption of this portion of the report. I so move.

. . . The motion was seconded, put to a vote and carried. . . .

SPEAKER ASKEY: It is carried.

* * *

Regarding the Liaison Committee:

DR. BRANDENBURG: Wasn't there a motion in there concerning a committee of the three hospital associations in an effort to bring together the Hospital Associations of California and the California Physicians' Service.

DR. DOYLE: We read that.

DR. CLINE: The liaison committee of the Association of California Hospitals and the California Medical Association met this morning and it pleases me to report that there was some progress made for a reasonable degree of coöperation between the hospitalization concerns and the California Physicians' Service. That seems to be in progress. It is too early to say just what form and how the thing will go, but at least we are assured coöperation in that regard by representatives of the California Association of Hospitals.

SPEAKER ASKEY: Does that answer your question?

DR. BRANDENBURG: Yes.

* * *

DR. DOYLE: I should like to move the adoption of the report as a whole with the amendments.

DR. SWEENEY: Second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: It is carried.

* * *

Further Consideration of Resolution No. 10:

At this time I am going to ask Dr. Canelo to bring before you the report which was tabled at that time to be taken up at this time.

DR. CANELO: For the sake of clarity of discussion, I will again re-read the resolution originally presented by Dr. Brandenburg. (Resolution No. 10.)

. . . Dr. Canelo re-read the resolution pertaining to

principles of action on the part of the American Medical Association. . . .

The original recommendation of the Committee was that these points had already been covered by the Reference Committee which it was presumed would have been first, and, therefore, our recommendation was do not pass. I, therefore, move that the resolution do not pass.

. . . The motion was seconded.

DR. BRANDENBURG: At this time I might say that the last clause only was adequately covered.

SPEAKER ASKEY: The Chair will rule that it has been covered as the chairmen stated in the various reports of the United Public Health League and other reports. In order to save time, I will so rule with your permission, unless there is an appeal from my ruling. Otherwise, the motion is before you which is that this resolution do not pass. Is there any further discussion?

. . . There being no further discussion, the motion was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is carried but not unanimous. It does not pass.

* * *

DR. CANELO: I move the adoption of the report of Reference Committee No. 3 as a whole as amended.

DR. GREEN: Second the motion.

. . . The motion was put to a vote and it was unanimously carried. . . .

SPEAKER ASKEY: The motion was carried and the report is adopted in the whole as amended.

* * *

Appreciation to Reference Committees:

At this time I would like to say that your Reference Committee No. 1 has been composed of Dr. W. S. Cherry, Dr. Carl L. Mulfinger, Dr. C. Max Anderson; Reference Committee No. 2—Dr. J. C. Doyle, Dr. H. R. Madeley and Dr. K. C. Brandenburg and Reference Committee No. 3—Dr. C. Kelly Canelo, Dr. William M. Gibbs and Dr. W. H. Newman. They have performed nobly. You have seen the difficulties they have had to go through. They have given up a lot and I think this House deserves them a vote of thanks. (Applause.)

* * *

Election of Delegates and Alternates to House of Delegates of American Medical Association

Election of Delegates

SPEAKER ASKEY: At this time we now return to the order of business which is the election of Delegates and Alternates to the American Medical Association.

I hold in my hand the resignation of W. H. Kiger which is for the term expiring December 31, 1944, which is for this session.

I, also, hold in my hand the resignation of Dr. William R. Molony, Sr., for the same term of office.

Dr. Kiger and Dr. Molony have followed the request of this House of Delegates and have resigned.

* * *

Nominations will now be in order for someone to succeed Dr. Kiger.

At this time we will then take the term of office for the Trustees to be elected to replace Dr. Kiger for his term of office expiring. Dr. Kiger has resigned as a delegate for the present term, that is, expiring December 31, 1944.

A MEMBER: Wouldn't it be more simple not to accept his resignation?

SPEAKER ASKEY: Such motion would be in order. I think a man can resign but if he refuses to accept it, it is within your province. You have already asked for it, however. I think it would be merely causing extra trouble and I have had trouble enough today so I will rule the resignations are at the request of the House and, therefore, are in order.

This is open to the floor for nominations for delegates to the American Medical Association to fill the vacancy of Dr. Kiger, term expiring.

DR. SWINNEY: May I request the Vice-Speaker to take the Chair?

SPEAKER ASKEY: That is a legitimate request.

. . . The Vice-Speaker assumed the Chair. . . .

VICE-SPEAKER ALESEN: The Chair recognizes Dr. Swinney.

DR. SWINNEY: I would like to present the name of Dr. E. Vincent Askey.

VICE-SPEAKER ALESEN: Are there any further nominations? The name of Dr. Askey has been submitted.

DR. AYRES: I move that the nominations be closed.

VICE-SPEAKER ALESEN: If there are no further nominations, the Chair declares the nominations closed. How do you vote?

All those in favor of selecting Dr. E. Vincent Askey as a delegate to the American Medical Association to fill the unexpired term of Dr. Kiger signify by saying "aye."

. . . A vote was taken on the nomination and it was unanimously carried. . . .

VICE-SPEAKER ALESEN: It is so ordered. Dr. Askey is elected.

* * *

DR. ASKEY: Gentlemen, I appreciate that more than I can say.

* * *

We now come to the office of William R. Molony.

DR. OTTO: I would like to nominate Dr. William R. Molony to succeed himself.

DR. AYRES: I would like to place in nomination the name of Dr. Cass.

SPEAKER ASKEY: Are there further nominations?

DR. REMMEN: Would it be in order to speak for Dr. Molony?

SPEAKER ASKEY: Dr. Remmen of Los Angeles.

DR. REMMEN: Gentlemen, a master is not much good that cannot expect a servant to obey. In 1935, this House of Delegates endorsed compulsory health insurance and spent thousands of dollars trying to draft an act. In 1937, this House resolved to review most carefully all proposals for social change and reject every one that does not imply or embody the principle of individual responsibility. In 1939, this House went all-out for voluntary health insurance and established C.P.S. So, here, in the space of three short years this House was in favor of compulsory health insurance, of rugged individualism and of voluntary health insurance.

Today we ask for the resignation of our Delegates. I did not vote for it. I felt that it was the most ungraceful act that this House has ever done and it is the most ungrateful thing to those men who have served us so long and so faithfully. Doubtless it was a gesture of protest. Someone, perhaps, all of us are worried about Federal medicine. We don't know what is going to happen. We are uncertain. If I knew a man that had the answer to all of these muddled questions I would campaign for his election to the House of Delegates up and down. Since I don't know the answers, I am most happy and I am frankly well satisfied to second the nomination of our faithful delegate, William R. Molony.

SPEAKER ASKEY: Any further nominations?

A MEMBER: I move that the nominations be closed.

SPEAKER ASKEY: It has been moved that the nominations be closed. Hearing no further nominations, they will be closed. Hearing none, I declare the nominations closed. We will vote by ballot on the names of Dr. William R. Molony and Dr. Donald Cass for the unexpired term ending December 31, 1944.

* * *

At this time while they are voting on this, we will take up the term of office for the terms expiring 1945 and 1946. *First we will take up the term expiring of Edward N. Ewer of Oakland.*

A DELEGATE (Alameda County): I would like to place in nomination Dr. Gordon MacLean of San Francisco.

DR. SCHAUPP: May I have the privilege of seconding the nomination of Dr. MacLean. I wanted to do this particularly because I have had the opportunity of working with Gordon MacLean for a number of years. I wanted to do this because there has been a false impression about Gordon MacLean that has been mentioned, and even though there is no opposition to him, I feel I would like to carry in there a most sincere, honest, loyal member of our Association. He is thoroughly in favor of the program that is being made in hospitalization coöperation.

I also want to say something that I forgot to mention in the C.P.S. meeting when I spoke against the resolution from Alameda County. While it did not come out clearly, at first they did not want to coöperate with C.P.S. and so instructed our Hospital Service of California of which I am a member. They did, however, express the possibility of other things. I wanted to make that clear now.

SPEAKER ASKEY: Are there any further nominations. Dr. MacLean has been nominated.

DR. CLINE: I move that the nominations be closed.

SPEAKER ASKEY: All those in favor of the election of Dr. MacLean to this position as a delegate to the American Medical Association say "aye."

. . . The nomination was put to a vote and it was carried. . . .

SPEAKER ASKEY: Dr. MacLean is elected.

* * *

We next come to the *position of Dr. William H. Kiger, term expiring for delegate, January 1, 1945 to December 31, 1946.* You voted before on the term which was unexpired. Are there any nominations?

DR. SWINNEY: At this time I would like to renew my request for the Vice-Speaker to take the Chair.

. . . Vice-Speaker Alesen took the Chair. . . .

DR. SWINNEY: I would like to place in nomination the name of E. Vincent Askey.

VICE-SPEAKER ALESEN: The name of E. Vincent Askey has been placed in nomination for the term January 1, 1945 to December 31, 1946, of William H. Kiger, expiring. Are there any further nominations?

. . . It was moved and seconded that the nominations be closed. . . .

VICE-SPEAKER ALESEN: The Chair hears no more nominations. The Chair declares the nominations closed.

. . . A vote was taken on the election of Dr. E. Vincent Askey and it was carried. . . .

VICE-SPEAKER ALESEN: I declare E. Vincent Askey elected.

* * *

SPEAKER ASKEY: Next is the *term of Dr. Robert A. Peers, for the term January 1, 1945 to December 31, 1946.* Are there nominations for this office?

A MEMBER: I would like to nominate Dr. Canelo from Santa Clara County.

A MEMBER: I would like to place in nomination Dr. John W. Cline.

SPEAKER ASKEY: Are there any further nominations? If I hear none, I will declare the nominations closed. I hear none—the nominations are closed. We will vote by ballot.

DR. CANELO: I would like to withdraw my name at this time.

SPEAKER ASKEY: Dr. Canelo wishes to withdraw his name at this time, leaving in nomination the name of Dr. John Cline. All in favor of the election of Dr. Cline say "aye."

. . . The nomination was put to a vote and it was carried. . . .

SPEAKER ASKEY: It is so ordered. Dr. Cline is elected.

* * *

Next comes for the *term of Dr. William R. Molony, Sr. for the term from January 1, 1945 to December 31, 1946.* Are there any nominations?

DR. AYRES: I would like to place in nomination the name of Dr. Cass.

SPEAKER ASKEY: Dr. Cass is nominated. Are there any other nominations?

A MEMBER: I would like to submit Dr. Molony's name.

SPEAKER ASKEY: Are there any further nominations? If not, I will declare the nominations closed. They are closed.

Just to clear the record, you have to vote on whether Dr. Molony will fill out his term and as you don't know whether Dr. Cass might be elected, you can't say for the term expiring, because it might be determined that Dr. Cass is elected. We just don't want to get tangled up. Let's say the position of Delegate to the American Medical Association. It just happened that Dr. Molony was in that position. I am sure you understand it is for that office and that it is not for Dr. Molony unless he is elected. The Chair will rule that is your understanding and that is what we are doing and that you are now to vote upon the two names of Dr. Donald Cass and Dr. William Molony as a Delegate to the American Medical Association for the term expiring January 1, 1945 to December 31, 1946. Let's not vote on this until you have finished the voting on the other. The tellers will not pass the ballots until you have elected the others. A new board of tellers will be appointed for this vote to save any possible misunderstanding. At this time I will appoint Dr. Ed Remmen, Dr. William Gibbs and Dr. Anderson.

* * *

While the votes are being collected, we will go on to the next order of business. We have in our hands previously at the request of the Council resignations from other delegates. The first was that of *Lyell C. Kinney, of San Diego, whose term was to run to December 31, 1945.* He has resigned and this is for the election of the unexpired term. Are there any nominations for that position?

DR. GOIN: I would like to nominate Dr. McClendon.

A MEMBER: I would like to nominate Dr. Templeton of Riverside.

SPEAKER ASKEY: Are there other nominations? If not, I will declare the nominations closed. I do declare the nominations closed. You have the names of Dr. Sam McClendon of San Diego and Dr. Templeton of Riverside. We will delay the passing of the ballots for just a little while until the other votes are collected.

At this time I will ask the Vice-Speaker to take the Chair for a minute.

VICE-SPEAKER ALESEN: The next order of business is the election of a delegate for the *position of Lowell Goin, for the unexpired term December 31, 1945.* Dr. Goin has resigned for the unexpired term.

DR. MOODY: I would like to nominate Dr. Lowell Goin to succeed himself.

VICE-SPEAKER ALESEN: Dr. Goin's name has been placed in nomination to succeed himself. Are there any further nominations? Hearing none, the Chair declares the nominations closed.

. . . A vote was taken on the nomination and it was carried. . . .

VICE-SPEAKER ALESEN: It is carried. Dr. Goin is elected to succeed himself.

* * *

The next item is the *term of Henry S. Rogers of Petaluma, resigned, term to December 31, 1945.*

DR. GREEN: I have a very pleasant service to perform for myself and a very fine service to perform for you. It was said not so long ago, a year or so ago, that it was very difficult to find a man who would be able to fill the shoes of one doctor from Sacramento whom you all know. It is difficult to find somebody to fill the hat of Henry Rogers. Henry is ill. I have the blessing of Dr. Rogers to nominate a man to wear his shoes and fill his hat—Dr. Dwight Murray.

VICE-SPEAKER ALESEN: The name of Dwight Murray has been nominated to succeed Dr. Henry S. Rogers. Are there any further nominations? If not, I declare the nominations closed.

. . . A vote was taken on the nomination and it was carried. . . .

VICE-SPEAKER ALESEN: Dr. Dwight Murray is elected.

* * *

Next is the *term of Dwight L. Wilbur, resigned, term to December 31, 1945.* Nominations are in order.

A MEMBER: I would like to nominate Dr. Dwight L. Wilbur to succeed himself for the term mentioned.

VICE-SPEAKER ALESEN: Dr. Dwight L. Wilbur has been placed in nomination. The Chair hears no more nominations. The Chair declares the nominations closed.

. . . The nomination was put to a vote and it was carried. . . .

VICE-SPEAKER ALESEN: It is carried. Dr. Wilbur is declared duly elected.

* * *

Election of Alternates

Now we come to the Alternates to the American Medical Association. Each member elected is alternate to a specific delegate, and this is for the terms, January 1, 1934, to December 31, 1946.

* * *

The first incumbent is *Robert T. Legge, Alternate to Edward N. Ewer* and nominations are now in order.

A MEMBER: I would like to nominate Lloyd H. Fraser of Richmond to be alternate to Dr. Gordon McClain.

. . . The nomination was seconded. . . .

VICE-SPEAKER ALESEN: Dr. Fraser's name has been placed in nomination. Are there other nominations? Hearing none, the Chair declares the nominations closed.

. . . A vote was taken on the nomination and it carried. . . .

VICE-SPEAKER ALESEN: Dr. Fraser is elected.

* * *

Next is the *term of Donald G. Tollefson, Alternate to William H. Kiger.*

A MEMBER: I would like to nominate Dr. Samuel Ayres.

DR. MULFINGER: I would like to nominate Dr. Tollefson to succeed himself.

DR. AYRES: I would prefer to withdraw in favor of Dr. Tollefson.

VICE-SPEAKER ALESEN: Are there other nominations? Dr. Tollefson has been nominated. Hearing none, I declare the nominations closed.

. . . A vote was taken on the nomination and it was carried. . . .

VICE-SPEAKER ALESEN: Dr. Tollefson is declared elected.

* * *

Next is item Number (10), *Frederick N. Scatena, Sacramento, Alternate to Robert A. Peers, term expiring.*

A MEMBER: I would like to nominate Dr. Scatena to succeed himself.

A MEMBER: I would like to nominate Dr. Canelo.

VICE-SPEAKER ALESEN: Are there any other nominations? We have Dr. Canelo and Dr. Scateno placed in nomination. Hearing none, the Chair declares the nominations closed and we will proceed with the ballots.

* * *

Item (11), *Ralph B. Eusden, Long Beach, Alternate to William R. Molony,* term expiring.

DR. BOSWORTH: I would like to place in nomination the name of Dr. Ralph B. Eusden.

VICE-SPEAKER ALESEN: Dr. Ralph B. Eusden has been placed in nomination. Are there any other nominations? Hearing no further nominations, the Chair declares the nominations closed. Dr. Ralph B. Eusden has been placed in nomination to succeed himself.

. . . A vote was taken on the nomination and it was carried. . . .

* * *

. . . Speaker Askey assumed the Chair. . . .

SPEAKER ASKEY: We come now to the election of the Alternates, *Dr. Robert T. Legge, Alternate to Edward N. Ewer, term to December 31, 1944.*

A MEMBER: I would like to nominate Robert T. Legge to succeed himself.

SPEAKER ASKEY: The name of Robert T. Legge has been placed in nomination. Are there any further nominations? If not, the Chair will declare the nominations closed. They are closed.

. . . A vote was taken on the nomination and it was carried. . . .

SPEAKER ASKEY: I hereby declare Dr. Legge elected.

* * *

Next we come to *Frederick N. Scatena, alternate to Robert A. Peers, resigned, term to December 31, 1944.* That is the present term.

DR. SEIGER: I would like to place the name of Dr. Scatena in nomination.

A MEMBER: I would like to place in nomination the name of Dr. Canelo.

SPEAKER ASKEY: The names of Dr. Scatena and Dr. Canelo have been placed in nomination. They will be voted upon by ballot. Will the Secretary prepare the ballots again?

* * *

At this time I would like to announce that Dr. Cass has been elected as a Delegate. (Applause.) The Chair declares him a duly elected delegate. This is for the unexpired term of Dr. Molony. There is one more to come in yet.

* * *

DR. NIPPERT: That is for the unexpired term of Dr. Molony on which you are voting for Dr. Cass and Dr.

Molony. Mr. Chairman, the polls shows the election of Dr. William R. Molony to succeed himself for the unexpired term.

SPEAKER ASKEY: I thought the one that I read to you was where Dr. Cass was elected and as so declared. I hope you have it straight and that the Secretary is really on the job.

Let's start all over again and know where we stand. Mr. Secretary, will you read the list as it stands?

SECRETARY KRESS: William H. Kiger term expiring in December, 1944. Doctor E. Vincent Askey elected as successor.

William R. Molony, Sr., term expiring in December, 1944. Doctors William R. Molony, Sr., and Donald Cass nominated. Ballots now being taken.

Edward N. Ewer term expiring in December, 1944. Doctor Gordon MacLean elected as successor for years 1945-1946.

William H. Kiger term expiring in December, 1944. Doctor E. Vincent Askey elected as successor for years 1945-1946.

Robert A. Peers term expiring in December, 1944. Doctor John W. Cline elected as successor for years 1945-1946.

Williams R. Molony, Sr., term expiring in December, 1944. Doctor Donald Cass elected as successor for years 1945-1946.

Lyell Kinney (term ending December, 1945), Dr. S. J. McClendon and Wayne Templeton nominated. No election reported as yet.

Lowell S. Goin (term ending December, 1945), re-elected.

Henry S. Rogers (term ending December, 1945), Dwight Murray elected.

Dwight Wilbur (term ending December 31, 1945), Dr. Wilbur reëlected.

Robert Legge, resigned; L. H. Fraser of Richmond was elected.

Donald Tollefson resigned, and Dr. Tollefson was reëlected.

Frederick Scatena. There are two nominations—Dr. Scatena and C. Kelly Canelo. No report from election tellers as yet.

Ralph Eusden, term expiring; and reëlected.

* * *

SPEAKER ASKEY: Let's pass the ballots out now, and I will try and keep it straight.

Gentlemen, on the election of McClendon or Templeton, for Kinney, resigned, which would be number (5) we will now pass the ballots.

* * *

At this time Dr. Canelo wanted to express himself on a little matter so I will allow him the floor.

Council to Prepare a Written Report on Mr. Little's Address:

DR. CANELO: The thought occurred to me that most of the delegates present here at this session were very favorably impressed with the report presented by Mr. Little of Foote, Cone & Belding, and I think that we have a duty and responsibility to take that message to our individual county societies. I do not think that any one of us is qualified to improve upon that report. I would like to make a motion that the Council be instructed to prepare a written report on that Little report and convey it to the Delegates as promptly as possible so we can get it before our county medical societies.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

SPEAKER ASKEY: It is so ordered.

Will the tellers please pass the ballots for Dr. Scatena and Dr. Canelo at this time. This is item 10 on page 20 of the red covered bulletin.

At this time I think we might go on to further nominations. This is item 14, *Ralph B. Eusden, alternate to William R. Molony, resigned, term to December 31, 1944.* Are there nominations for this position?

DR. BOSWORTH: I would like to place in nomination Dr. Ralph Eusden to succeed himself.

SPEAKER ASKEY: Are there further nominations? If not, the nominations are closed.

. . . A vote was taken on the nomination and it was carried. . . .

* * *

SPEAKER ASKEY: Number 15, *Loren R. Chandler, Alternate to Dwight L. Wilbur, resigned, term to December 31, 1945.*

A MEMBER: I would like to place in nomination the name of Anthony B. Diepenbrock of San Francisco.

SPEAKER ASKEY: Are there other nominations? If not, I will declare the nominations closed. Hearing none, I declare them closed.

. . . A vote was taken on the nomination and it was carried. . . .

SPEAKER ASKEY: He is elected.

* * *

SPEAKER ASKEY: We will now go on to Number 16, *Robert S. Stone of San Francisco, Alternate to Henry S. Rogers, resigned,* term to December 31, 1945. Are there any nominations?

DR. MADELEY: I would like to nominate Dr. Green as Dr. Roger's alternate.

SPEAKER ASKEY: Are there any further nominations? If not, they are closed.

. . . The nomination was put to a vote and it was carried. . . .

SPEAKER ASKEY: Dr. Green is elected.

* * *

We come now to Number 17, that is the term of *Donald G. Tollefson, alternate to William H. Kiger, resigned, term to December 31, 1944.* Are there any nominations?

DR. MULFINGER: I nominate Dr. Tollefson to succeed himself.

SPEAKER ASKEY: Are there further nominations?

. . . There being no further nominations, the nomination was put to a vote and it was carried. . . .

SPEAKER ASKEY: He is elected.

* * *

Now we will ask the tellers to take the vote; Dr. Madeley, Dr. Smiley and Dr. West. This is for item Number 13 which is for Dr. Scatena and Dr. Canelo for the term to December 31, 1944, the term having been held by Dr. Scatena, resigned.

Dr. Nippert is recognized. Will you state the term for which you are now reporting?

DR. NIPPERT: On Dr. McClendon and Dr. Templeton, which is number 5 on page 20. The teller's count shows the election of Dr. McClendon of San Diego.

SPEAKER ASKEY: Dr. McClendon is declared elected.

* * *

Is there any Unfinished Business to come before this body?

At this time we may ask for a motion for the appointment of the President, the Speaker and the Secretary to edit and approve the Minutes of this meeting. Is there such a motion?

DR. MACK: I so move.

DR. GREEN: I second the motion.

. . . The motion was put to a vote and it was carried. . .

SPEAKER ASKEY: It is carried and so ordered.

* * *

At this time we have a report on item 13 of page 20.

Dr. Canelo is declared elected. We still have to hear from Number 10.

DR. RUDDOCK: The vote you just read was for Number 10. Number 13 is still being counted.

DR. KRESS: Mr. Speaker, it is Item Number 10 on Page 20, of the convention program, term of Dr. Scatena.

SPEAKER ASKEY: Is that the decision of the House or is there a question?

. . . There were cries of "No" from the Members. . . .

DR. GOIN: I move that it be the sense of this House that Dr. Canelo was elected on Item 10.

. . . The motion was seconded, put to a vote and carried. . . .

SPEAKER ASKEY: Dr. Canelo has been elected to the position designated Number 10 on Page 20 of this red bulletin.

Dr. West, do you have a report now?

DR. WEST: Dr. Canelo is elected.

SPEAKER ASKEY: Dr. Canelo is elected for the item described as Number 13 on Page Number 20.

* * *

Ladies and gentlemen, at this time I want to tell you how much I appreciate your kind consideration and decisions.

Presentation of Officers

At this time I want to present to you your officers.

Remarks by Retiring President Schaupp:

I present at this time your President, Dr. Karl Schaupp. (Applause.)

It is my pleasure to present at this time your President-elect, Dr. Lowell Goin. (Applause.)

DR. SCHAUPP: As now your President, I want to say that I have had the opportunity to work with Lowell Goin over a period of time and I am sure we are going to have a very fine President. I think you will have the best President you have ever had.

Remarks by Incoming President Goin:

DR. GOIN: Thank you, Dr. Schaupp.

I want to thank you all very much for the great honor you have conferred upon me and to repeat what I said when I was first elected your Speaker. I quote the prophet Micah, "What hath the Lord commanded of me but to keep his commandments, to show mercy and to walk humbly before Him," and I shall certainly try to do the latter.

Remarks by President-Elect Gilman:

SPEAKER ASKEY: At this time we preesnt to you your President-elect, Dr. Philip K. Gilman.

DR. GILMAN: Mr. President and Members of the House of Delegates: There is much I could say at this time but as it is awfully late, I am going to be very brief. I will not be brief from any lack of appreciation. It has been my privilege to serve the California Medical Association, after serving a number of years in my county society in many positions, and now you have made it possible by your action today to allow me to continue to serve you for another two years by your action in re-electing me following as your President. If I have accomplished in any way in the past any small deed which has contributed to the bringing together of the forces and the men in organized medicine, I shall continue to do so with renewed effort because I think we have a pretty tough job ahead but one which will be accomplished largely during the next year under the able leadership of Lowell Goin.

To say that I thank you for the honor you have conferred upon me is putting it very mildly but please accept my thanks.

Remarks by Speaker Askey:

SPEAKER ASKEY: Your Speaker does not need to be introduced after a great day. I merely want to say that I appreciate very much your kindness to me during today. At this time I wish to express my appreciation to the Vice-Speaker, Dr. L. A. Alesen. (Applause.)

Remarks by Past President Molony and Presentation of Plaque to Retiring President Schaupp:

At this time, and because it is my great pleasure, I introduce to you your Past-President, Dr. William R. Molony, Sr., who has a very pleasant duty to perform. Dr. Molony! (Applause.)

DR. MOLONY: Mr. President, it is my great pleasure and privilege at this time to present on behalf of this Association a very fine fitting tribute to the splendid services and work of your Past President, Dr Karl L. Schaupp. We have here a very finely-engraved copper plaque inscribed thereon, "The California Medical Association presents to Karl L. Schaupp this token of appreciation for services at President, 1944."

Dr. Schaupp, I present this to you on behalf of the Association and trust it will give you great pleasure and as much comfort as it has to me and the other Presidents who have passed from active service in the Association. Thank you. (Applause.)

DR. SCHAUPP: I wish to thank you very much. I certainly will treasure this more than anything that has even come to me in my life. Thank you. (Applause.)

* * *

SPEAKER ASKEY: Is there any further business to come before this body?

SPEAKER ASKEY: If there is nothing, a motion to adjourn is in order.

* * *

Vote of Thanks to Local Committee on Arrangements:

DR. SCHAUPP: I would like very much to make a motion that this body give a vote of thanks to the Committee on Arrangements of Los Angeles County Medical Society for the marvelous arrangements they have made in times such as these, and, particularly, personally, I would like to thank them for the grand party last night. I move that Los Angeles County be given this vote of thanks for the services rendered to us.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

SPEAKER ASKEY: It is carried and so ordered.

Adjournment

A motion to adjourn is now in order.

DR. RUDDOCK: I move we adjourn.

. . . The motion was seconded, put to a vote and carried. . . .

SPEAKER ASKEY: We will adjourn.

. . . (The House of Delegates adjourned at 5:45 P.M., Monday, May 8, 1944.) . . .

E. VINCENT ASKEY,
Speaker of House of Delegates.
GEORGE H. KRESS,
Secretary of House of Delegates.

Two opposing laws seem to be now in contest. The one, a law of blood and death, opening up each day new modes of destruction, forces nations to be always ready for the battle. The other is a law of peace, work and health, whose only aim is to deliver man from the calamities which beset him. The one seeks violent conquests, the other relief of mankind. The one places a single life above all victories, the other sacrifices hundreds of thousands of lives to the ambition of a single individual.—Louis Pasteur.

OFFICIAL NOTICES

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Sixteenth (316th) Meeting of the Council of the California Medical Association

The meeting was called to order in Conference Room No. 9 of the Hotel Biltmore, in Los Angeles, at 2:00 P.M., on Saturday, May 6, 1944.

1. **Roll Call:**

Present: Councilors Philip K. Gilman, Chairman; Karl L. Schaupp, Lowell S. Goin, William R. Molony, Sr., E. Vincent Askey, E. Earl Moody, Edwin L. Bruck, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Calvert L. Emmons, Donald Cass, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary.

Present by Invitation: L. A. Alesen, Vice-Speaker, Dwight H. Murray, Chairman of the Committee on Public Policy and Legislation; John Hunton, Executive Secretary; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel; Ben Read, Secretary of the Public Health League of California; and W. Glenn Ebersole, presenting employed by the California Medical Association.

2. **Minutes:**

Minutes of the following meeting of the Council were submitted and approved:

(a) San Francisco meeting (315th), held on March 5, 1944. (Abstract was printed in California and Western Medicine, April, pp. 213-216, inclusive.)

3. **Membership:**

(a) A report of the membership, as of April 29, 1944, was submitted and placed on file. The membership roster showed distribution as follows:

Total members (civilian and military) listed for year 1944: 7,334.

Total members in military service: 2,113.

(b) Upon motion made and seconded, it was voted to reinstate 616 members of year 1943, whose membership had automatically lapsed on April 1, 1944, because of nonpayment of dues; but whose dues had been paid since that date.

(c) Upon motion made and seconded, retired membership was granted to the following members, whose applications had been received in accredited form from their respective county societies:

Greg Hoskins, M. D., Los Angeles County

F. Emil Berge, Los Angeles County

John R. Brown, Los Angeles County

Frederick Jerome Walter, San Diego County

May L. Dutton, San Francisco County.

(d) A letter from Lt. Col. George H. Ham concerning entrance fee of Los Angeles County Medical Association, was referred to that component county society.

4. **Financial:**

(a) A cash report as of April 29, 1944, was submitted.

(b) Report was made concerning income and expenditures for April, and for four months ended April 30, 1944.

(c) A balance sheet, as of April 30, 1944, was submitted.

Upon motion made and seconded, the above reports were received and placed on file.

(d) Comment was also made concerning a Government bond in amount of $20,000.00 that may be purchased by "Trustees of the California Medical Association."

5. **Malpractice Insurance Premiums:**

Dr. Nelson J. Howard, Chairman of the C.M.A. Committee on Medical Defense, submitted the following report:

Report of the Committee on Medical Defense: For the Council of the California Medical Association.

There are a number of developments in this field since the last report.

(1) First, and quite significant, is the fact that since the recent rise in malpractice premiums, a number of nationally known and well recognized insurance carriers have signified their interest or have already begun to write malpractice insurance for physicians in this State. No member of this Association then will lack protection through inability to obtain a malpractice insurance policy. The premiums required are higher than we have paid in the past, and may or may not reflect the added risk entailed in busy war time practice with a shortage of civilian physicians, but the essential thing is that protection can be obtained.

(2) In the primary problem of malpractice claim prevention, this Committee since 1938, has endeavored to establish in each constituent medical society a Grievance or Professional Conduct Committee, acting under the by-law amendment recommended to the county societies by the California Medical Association as outlined in the brochure on Medical Defense. To date, 45 per cent of our county societies (18 in number) have adopted such by-laws, 35 per cent have not adopted the suggestions, and 20 per cent have not been heard from to date.

Six years of such progress encourages me to recommend adoption of a further by-law by each constituent medical society.

"No member of this County Medical Society shall make a charge or accept compensation other than ordinary witness fees and mileage allowed by law, for any professional services rendered either party to a malpractice claim or suit in regard to the preparation or conduct of such claim or suit, provided that no physician shall be obligated by this section to participate or testify against his will in any action or proceeding."

The effect of such a by-law on the "professional" self-styled expert witness is obvious. Such an amendment has been adopted and is in effect in San Francisco.

May we urge the Council of the California Medical Association to approve and endorse this by-law amendment, and urge the constituent county medical societies to adopt it in the immediate future.

(3) The Council of the California Medical Association has been informed in a report of March 1, 1944, of proposals for statewide malpractice coverage which envisioned malpractice protection, casualty and liability insurance, underwritten by an insurance carrier, and supervised by an overwriter (an agent of this Association) with the insurance carrier agreeing to provide this Association with actuarial statistical data.

(4) From various sources it has been suggested that:

(a) The California Medical Association secure for each member physicians a small initial malpractice policy, with reinsurance to the limit desired by each individual, both forms of insurance being carried with companies already in the field, or that

(b) Members of this Association form a separate corporation, issue a small initial malpractice policy, and reinsure in existing insuring agencies to the limit desired by each individual.

(5) My own preference still would be to pursue the course outlined in the letter to the Council of March 1, 1944, and any program adopted by the California Medical Association should have a long range view and not be temporarily expedient. To this effect, may we suggest the Council instruct Mr. John Hunton, the executive secretary, to make a survey of the methods of handling the malpractice problem already adopted and in force in the various State Medical Associations throughout the country, and to report such findings and suitable recommendations based thereon to the Council.

Very truly yours,
(Signed) Nelson J. Howard, M. D.

Upon motion made and seconded, it was voted that the report be accepted, and the Executive Secretary be

instructed to secure the information indicated and report thereon to the Council.

6. **Maternity-Pediatric Program of the Federal Children's Bureau:**

Dr. William Benbow Thompson, a member of the special C.M.A. Committee on Maternity-Pediatric Work, of which Dr. Schaupp is chairman, at request, informed the Council concerning his appearance before the Congressional subcommittee in Washington, D. C., before which he appeared on April 27th, under subpoena. Dr. Thompson stated he was interrogated for about 45 minutes.

After hearing the report, the Council requested Dr. Thompson to present as much thereof as was not confidential, to the House of Delegates. (For reference to Dr. Thompson's observations, see minutes of House of Delegates.)

7. **Committee on Committees:**

Council Chairman Gilman appointed a special committee to bring in suggestion of names for vacancies on the standing committees, the list, after approval to be submitted to the House of Delegates for approval. The Committee so appointed consisted of Drs. Harry E. Henderson, Chairman; Lloyd E. Kindall, and Edward B. Dewey.

The report of the Committee with names of members for the vacancies on the different standing and special committees and the Editorial Board were received. (The nominees were approved by the House of Delegates, and the names will appear in the minutes of the House, in the June issue of California and Western Medicine, on page 302.)

8. **"Trustees of the California Medical Association":**

It was agreed that a meeting of the "Trustees of the California Medical Association" should be held immediately after adjournment of the last meeting of the House of Delegates on May 8, 1944, at which time the members of the Board of Directors would be elected; the Board of Directors then to meet and elect the officers of the corporation.

9. **California Physicians' Service:**

Report was made that 42 signatures of Administrative Members had been secured so that the changes in organization set-up as provided in amendments to the by-laws and rules of California Physicians' Service, which had been prepared by the officers of C.P.S., in line with actions taken by the Council, would become operative. (For reference, see California and Western Medicine, March, 1944, Item 7, on page 103.)

10. **"Liaison Committee of Eight" on Medical and Hospitalization Service Plans in California:**

Report was made on the progress that had been made by the Liaison Committee of Eight through which it was hoped to bring about a greater unity of effort between California Physicians' Service and the three nonprofit hospitalization groups, Hospital Service of California; Hospital Service of Southern California; and Intercoast Hospitalization Insurance Association.

Dr. Askey referred to his appearance before the Association of California Hospitals at the meeting held in Santa Barbara on April 12th, at which time that organization authorized the appointment of a Committee of Three with full power to act in conjunction with a similar Committee of Three from the California Medical Association, the conjoint committee to continue the work outlined in the conferences of the Committee of Eight.

A covering letter from the Association of California Hospitals stated that the following resolution had been "unanimously adopted" at the above meeting:

ASSOCIATION OF CALIFORNIA HOSPITALS

Resolved, That the members of the Association of California Hospitals support in full any and all efforts made by it in connection with the establishment of a statewide Hospital Service Plan organized and operated in accordance with the principles established on the Blue Cross Commission of the American Hospital Association; and be it

Further Resolved, That the Association of California Hospitals appoint a Committee of Three lay members not connected with any hospital or medical service plan, and with full authority to act, for the purpose of working with a Committee of the same number of persons to be appointed by the California Medical Association, in the establishment of better and improved relations between the existing Hospital Service Plans or any statewide Hospital Service Plan approved by the Association of California Hospitals and the California Physicians' Service, or any Medical Service Plan approved by California Medical Association; and be it

Further Resolved, That the Association of California Hospitals to the extent of its financial ability, participate with the California Medical Association in connection with the establishment of a program for the improvement of relations between hospitals, the medical profession and the public.

April 13, 1944.

Reference was also made to a communication received from the State Association of Nurses indicating their willingness, likewise, to take part in this work.

Resolutions presented by the three Blue Cross hospitalization groups of California were submitted as follows:

* * *

HOSPITAL SERVICE OF CALIFORNIA

Whereas, Dr. S. A. Jelte, in conformity with the authority heretofore vested in him by the Board of Directors, on April 2nd, 1944, as a representative of this Corporation at a meeting of the Committee of Eight, did commit it as a matter of record to the position that it was willing to merge with the other two Blue Cross Plans in the State of California, and that it was willing to coöperate with C.P.S. on a mutually agreeable basis; and

Whereas, Hospital Service of Southern California and Intercoast Hospitalization Insurance Association, through their representatives at said meeting, did commit their respective organizations in a like manner; and

Whereas, Said Committee of Eight resolved that each of the three Blue Cross Plans pass formal resolutions confirming said commitments and to forward copies thereof to the offices of C.M.A. prior to May 6th, 1944; now, therefore be it

Resolved, That Hospital Service of California hereby ratifies and confirms the commitments heretofore made on its behalf by Dr. S. A. Jelte at the meeting of the Committee of Eight held on April 2nd, 1944.

* * *

HOSPITAL SERVICE OF SOUTHERN CALIFORNIA

Resolved, That it is the intent and desire of this corporation to merge with Hospital Service of California and Intercoast Hospitalization Insurance Association, or either of them, into a statewide hospital service plan corporation, on terms satisfactory and acceptable to this board of directors and the boards of directors of either or both of said other hospital service plans, and to cause said statewide hospital service plan corporation to cooperate under mutual satisfactory and acceptable conditions with California Physicians' Service; and

Further Resolved, That pending the completion of such a merger the Executive Director of this corporation shall be and he is hereby instructed to attempt to work out with the representatives of the other aforementioned hospital service plans a uniform hospital service agreement to be offered by the three hospital service plans on a statewide basis, at uniform rates, with full reciprocity, in order to have the same available and in use upon any merger being completed; and

Further Resolved, That the Secretary of this corporation shall be and he is hereby authorized and directed to furnish a copy of these resolutions to George H. Kress, M. D., the Secretary of the Liaison Committee of Eight, operating under the auspices of California Medical Association, for the purpose of bringing about a merger of

the three existing hospital service plans in the State of California, the creation of a statewide hospital service plan corporation, and the coöperation of that corporation with California Physicians' Service.

* * *

INTERCOAST HOSPITALIZATION INSURANCE ASSOCIATION

WHEREAS, R. D. Brisbane being duly appointed by Intercoast Hospitalization Insurance Association to act as their representative in negotiations with the other Blue Cross plans of California and C.M.A., on April 2, 1944, committed this association to a merger with the Blue Cross plans of California if such a merger could be effected and to coöperation with C.P.S. on a mutually agreeable basis; and

WHEREAS, The other Blue Cross plans of California committed themselves in like manner through their representatives;

Resolved, That Intercoast hereby confirms the actions of its representative at the meeting held on April 2nd, 1944, of the Committee of Eight.

* * *

Discussion was participated in by Drs. Askey, McClendon, Schaupp, Powell, Goin, Cline, Emmons, Kindall, Moody, MacDonald, and Kneeshaw.

On motion by Moody, seconded by Kindall, it was voted to accept the resolutions from the three hospitalization groups as evidence of coöperation by the said groups in an effort to unify their hospitalization activities, and to work with California Physicians' Service for mutual benefit; and the Council accept the communications as representations on the part of each of the three groups that an early fulfillment of the unification will be accomplished; and further, that a report of the progress of such unification be ready for submittal at the first regular meeting of the Council subsequent to the organization meeting to be held at this Annual Session. (Next regular meeting will be held on August 6, 1944.)

11. Public Opinion Survey Re: Medical Profession in California:

Mr. John R. Little, of Foote, Cone and Belding, whose Interpretative Report appeared in CALIFORNIA AND WESTERN MEDICINE for May, (for other references, see footnote on page 241 of May issue), presented a supplementary report on his observations concerning discussions that had arisen in component county societies after presentation of the public relations issues by himself and associates.

It was agreed that Mr. Little should give the subject frank discussion when he appeared before the House of Delegates.

12. Committee on Public Policy and Legislation:

Dr. Dwight Murray, chairman of the C.M.A. Committee on Public Policy and Legislation, whose preliminary reports concerning the establishment of the United Public Health League appeared in CALIFORNIA AND WESTERN MEDICINE for April on page 215 (Item 12) and in the May number, on page 257, gave further information regarding activities that had been instituted, and the present status and relationship with other organizations having similar objectives.

It was agreed that Dr. Murray should present a statement of the progress that had been made, to the House of Delegates.

13. "California and Western Medicine":

Concerning the four symposia collected by Dr. Fletcher Taylor, it was stated that the Editorial Board had given complete and explicit information concerning the space limitations and other rules regarding all manuscripts submitted, in a letter of date of June 7, 1943, at which time only three symposia were contemplated. Later, a fourth symposium was added by the sponsor of the article. (Medical Problems in Civilian Defense; Nutritional Problems in Wartime; Communicable Diseases. Later was added Industrial Topics.)

Unfortunately, the many articles when finally collected, instead of taking all available original article space in only three numbers, were found to need about eight issues for presentation, or two-thirds of the issues for the entire year.

The Executive Committee of the Editorial Board reported it would not be able to take on the four symposia, since so doing would be an injustice to the authors of the many unpublished papers in the files, and to the essayists who would present one hundred additional papers at the present 73rd Annual Session.

On whether the series of papers that had been collected, of length to cover some eight issues of CALIFORNIA AND WESTERN MEDICINE, could be printed as a separate monograph, the estimates received from printers indicated that the publication and distribution cost would approximate the sum of $4,000.00.

The Editorial Board called attention to the fact that CALIFORNIA AND WESTERN MEDICINE several years ago was limited in regular issues to a total of 96 pages, inclusive of advertising, the advertising practically using one-half of the pages. Also, that in January of this year, a Governmental Directive not only forbade any increase in size, but demanded a reduction by ten per cent so that CALIFORNIA AND WESTERN MEDICINE now covers approximately 86 instead of 96 pages. The Editorial Board's Executive Committee stated that if the four symposia were permitted to take the space of eight issues, there would be little opportunity for the publication of annual session papers, thus placing in peril the standard of papers suitable for presentation at the annual gatherings of the California Medical Association. Also, to print in eight issues papers, nearly all of which came from only one district of the State, the Bay area, would probably bring forth vigorous protests from annual session and other contributors not residing in that district.

After discussion, the Council voted that due to the exigencies of war, paper shortage and limitations, the large number of unpublished annual session and other manuscripts in the files, and the expense involved, etc., it is not possible to consider publication of the symposia as a separate monograph or in CALIFORNIA AND WESTERN MEDICINE.

14. Ethics of the American Medical Association:

The Special Committee on Codification of A.M.A. Principles of Ethics, consisting of Drs. Goin, Cline and Molony, made report. Changes suggested are designed to promote greater ease of reference by officers and members of constituent state and component county medical societies.

It was voted that the C.M.A. Delegates to the A.M.A. be instructed to bring this request to the attention of the A.M.A. Delegates.

15. Time and Place of C.M.A. Annual Session in 1945:

Since, during these wartime conditions: (1) there is in California only one hotel that can provide accommodations for fourteen meeting rooms, all in use during the same hours; (2) difficulties in rail and other transportation; and (3) because the membership of the Los Angeles County Medical Association is in excess of 3,000, thus insuring good attendance at meetings, it was voted that in 1945 a two-day streamlined session be held, with headquarters at Hotel Biltmore, in Los Angeles.

16. Legal Department:

It was agreed that a supplementary report by the Legal Department should be made at the next meeting of the Council.

17. **Report of the Council to the House of Delegates:**

In addition to the items enumerated in the Report of the Council, as given in the April issue of CALIFORNIA AND WESTERN MEDICINE, on page 157, it was agreed that the Council Chairman should have authority to present other items upon which comment had been made. (These items appear in the minutes of the House of Delegates, in the June issue of CALIFORNIA AND WESTERN MEDICINE, on page 316.)

18. **Osteopathy in California:**

Regarding procedures that had been under consideration concerning the osteopathic situation in California, it was stated that the Osteopathy Committee consisted of Drs. Sprague, Adkinson and Hoppe, who had met with Drs. Goin and Cass. A new plan had been proposed by the osteopathic group that the College of Osteopathy give honorary M.D. degrees to graduates of their school, etc. It was pointed out that such a plan would be of little avail, because the Federation of Examing Boards would undoubtedly refuse to recognize such honorary M.D. degrees as being sufficient to cover eligibility requirements.

On motion by Kneeshaw, duly seconded, it was voted to express thanks to the Special Committee on Osteopathy, with request that the committee continue its investigations and conferences.

19. **Annual C.M.A. Dues:**

After consideration of the important problems now confronting medical practice in California and throughout the United States, it was agreed that adequate financial resources would be needed to carry through to completion activities that had been authorized and were in contemplation. It was voted that the Council recommend to the House of Delegates that the membership dues for the year 1945 be fixed at $20.00 per member.

20. **Miscellaneous Business:**

Various other matters were discussed in informal manner, some to be considered at later meetings of the Council.

21. **Next Meeting of the Council:**

It was agreed that the next meeting should be held at 7:30 A.M., on Sunday, May 7th, in the Breakfast Room of the Hotel Biltmore.

22. **Adjournment:**

There being no other business, the Council adjourned this 316th meeting.

PHILIP K. GILMAN, *Council Chairman,*
GEORGE H. KRESS, *Council Secretary.*

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Minutes of the Three Hundred Seventeenth (317th) Meeting of the Council of the California Medical Association

The meeting was called to order in the Grill Room of the Hotel Biltmore, at 7:30 A.M., on Sunday, May 7, 1944.

1. **Roll Call:**

Present: All members of the Council.

2. **Legal Department:**

A committee consisting of Drs. Gilman, Schaupp, and Cline, was appointed to draft a resolution relating to the suggestion that physicians doing industrial work place their books open for inspection by representatives of the C.M.A., etc.

3. **California Physicians' Service:**

Problems which had come to the attention of the Council, in connection with medical and hospitalization service were discussed. The prospective changes in C.P.S. organization were also considered. It was agreed Dr. Cline should present the views of the Council to the House of Delegates when these matters came up for discussion.

4. **Maternity-Pediatric Program of Federal Children's Bureau:**

On invitation, Dr. William Benbow Thompson of Los Angeles, a member of the C.M.A. Maternity-Pediatric Committee appeared before the Council and told of his appearance before the Congressional Committee in Washington, D. C. (Note. Dr. Thompson's speech and the interrogations by Congressmen appeared in the report of the Subcommittee of the Committee of Appropriations, H. of R., in the hearings on Appropriation Bill 1945, the reference number of the printed report being 98,054, and Dr. Thompson's statement appearing on pages 488-508 of the report.) Additional information concerning Dr. Thompson's observations may be found in the June issue of CALIFORNIA AND WESTERN MEDICINE in minutes of the House of Delegates. (See pp. 295 and 305.)

In connection with points brought out by Dr. Thompson, Dr. Cass stated an interesting situation had arisen in a Los Angeles hospital. It was agreed that a special committee, Drs. Cass, Alesen and Thompson, should investigate and report on the same.

5. **Public Policy and Legislation:**

Dr. Dwight Murray, chairman of C.M.A. Committee on Public Policy and Legislation and Mr. Ben Read, Secretary of the "Public Health League of California," reviewed recent procedures that had led to the establishment in Salt Lake City of the "United Public Health League." Concerning the office or Bureau of Information that had been established in Washington, D. C., by the United Public Health League, further information is given in CALIFORNIA AND WESTERN MEDICINE, for May, on page 257.

It was agreed that Dr. Murray and Mr. Read should present to the House of Delegates reports on the above activities.

6. **Adjournment:**

Upon motion the meeting was adjourned, it being agreed the next meeting would be held on Monday, May 8th, at 11:00 A.M., in Conference Room 9.

PHILIP K. GILMAN, M. D., *Chairman,*
GEORGE H. KRESS, M. D., *Secretary.*

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Minutes of the Three Hundred Eighteenth (318th) Meeting of the Council of the California Medical Association

The meeting was called to order in Conference Room 9 of the Hotel Biltmore, at 11:00 A.M., on Monday, May 8, 1944.

1. **Roll Call:**

Present: All members of the Council.

2. **Liaison Committee on Medical-Hospitalization' Service Plans:**

A résumé of proceedings by the Liaison Committee of Ten, and the later Committee of Eight, was given by Drs. Gilman and Schaupp. Discussion was had concerning the functions of the C.M.A. Committee of Three, subsequently appointed, to meet with a Committee of Three from the Association of California Hospitals, the conjoint group to continue the studies and work of the former Liaison Committee of Eight.

It was agreed that a resolution of appreciation for services rendered by the members of the Board of Trustees of the California Physicians' Service should be submitted to the House of Delegates. Special mention

was made of the generous services that had been rendered during the last several years by Dr. Alson R. Kilgore.

3. **"California and Western Medicine":**

Dr. Fletcher Taylor, who had sponsored the collection of papers for four symposia for possible publication in California and Western Medicine, or as a separate monograph, addressed the Council in regard to the same. It was explained that because of their length, requiring the available space in eight of the twelve issues of a year, it was not possible for the Editorial Board to accept the symposia in the form presented. The Council also stated, under existing conditions, it was not possible to appropriate some $4,000.00 to print the papers as a separate monograph.

Dr. Taylor stated he would make an effort to have the manuscripts cut down in length. It was explained that the established policy of the Editorial Board has been to judge papers not as a group, but as individual manuscripts, this rule applying to all papers received, be they annual session, county society, or any other manuscripts submitted. The Editorial Board had instituted this rule in fairness to all contributors.

4. **Time and Place of 1945 Annual Session:**

After consideration of facilities available in California hotels, on motion made and seconded, it was voted that the 1945 Annual Session be held in Los Angeles.

5. **Permanente Hospitals:**

Dr. Kindall spoke for the Special Committee on Permanente Hospitals about the possible future ownership of the Permanente Hospitals in Alameda County and Fontana, in San Bernardino County. The special Committee, Drs. Kindall, Bruck and Emmons, was requested to continue its studies and make report thereon.

6. **Meeting of C.M.A. Delegates to A.M.A., with C.M.A. Council:**

Desirability of having C.M.A. delegates to the A.M.A. House of Delegates hereafter meet with the Council at the last meeting of the C.M.A. Council prior to the meeting of the House of Delegates of the A.M.A., in order better to familiarize C.M.A. delegates with California and other problems, was discussed. It was voted this should be done in future years. Transportation costs to said meeting to be covered by the California Medical Association.

7. **Permanente at Richmond:**

Dr. Schaupp called attention to the desirability of making it possible for maternity and pediatric patients of private physicians not associated with Permanente to be admitted to the Permanente Hospital at Richmond. The matter was referred to Dr. Schaupp, for follow-up in the Coördinating Committee.

8. **Adjournment:**

Upon motion made and seconded, the meeting adjourned; it being agreed that the organization meeting of the Council would be held on Monday afternoon, May 8th, immediately after the adjournment of the meeting of the House of Delegates.

Philip K. Gilman, M. D., *Chairman,*
George H. Kress, M. D., *Secretary.*

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Minutes of the Three Hundred Nineteenth (319th) Meeting of the Council of the California Medical Association

The meeting was called to order in the Music Room of the Hotel Biltmore, Los Angeles, on Monday afternoon, May 8th, 1944, subsequent to the adjournment of the House of Delegates.

1. **Roll Call:**

Present: Councilors Philip K. Gilman, Chairman; Karl L. Schaupp, Lowell S. Goin, William R. Molony, Sr., E. Vincent Askey, E. Earl Moody, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Donald Cass, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, Herbert A. Johnston, and George H. Kress, Secretary.

Absent: Drs. John W. Cline, Edwin L. Bruck and Sidney J. Shipman. (Due to transportation necessities.)

2. **Organization Meeting:**

(a) Philip K. Gilman was nominated as Chairman and unanimously elected.

(b) John W. Cline was placed in nomination for the office of Vice-Chairman and unanimously elected.

(c) The following appointments were made: George H. Kress to be Secretary-Treasurer and Editor; Hartley F. Peart, Esq., to be Legal Counsel; and John Hunton to continue as Executive Secretary.

The allocation of salaries of the Secretary-Treasurer and Editor and of the Legal Counsel were authorized on the same basis as before, and the salary of the Executive Secretary was increased to $750.00 a month ($9,000.00 per year).

(d) Chairman Gilman announced as the Auditing Committee for the next fiscal year: John W. Cline, Chairman; Edwin L. Bruck; and Lloyd E. Kindall.

3. **Vote of Thanks to Guest Speakers and Hotel Management:**

The Secretary was instructed to extend thanks to the guest speakers and to the management of the Hotel Biltmore for their coöperation in making the 73rd Annual Session a success.

4. **Time and Place of Next Meeting:**

It was agreed that the next meeting of the Council should be held in San Francisco on Sunday, June 4, 1944. (By mail vote under date of May 19th, the date of the next meeting of the Council was scheduled for Sunday, August 6, 1944.)

5. **Adjournment:**

There being no further business, upon motion duly made and seconded, it was voted that the meeting adjourn.

Philip K. Gilman, M. D., *Chairman,*
George H. Kress, M. D., *Secretary.*

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"Trustees of the California Medical Association": Members' Annual Meeting

Minutes of the Sixteenth (16th) Meeting of Members of "Trustees of C.M.A."

Pursuant to call of the president and notice by the secretary duly and regularly given in accordance with the by-laws, the regular annual meeting of the members of the "Trustees of the California Medical Association," a California corporation, was held in the Music Room of the Hotel Biltmore, Los Angeles, California, on Monday afternoon, May 8, 1944, following the annual organization meeting of the Council of the California Medical Association.

There were present:

Lowell S. Goin, Philip K. Gilman, Karl L. Schaupp, E. Vincent Askey, E. Earl Moody, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Herbert A. Johnston, Donald Cass, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, George H. Kress.

A quorum present and acting.

Philip K. Gilman, president of the corporation, acted as chairman of the meeting. George H. Kress, secretary of the corporation, acted as secretary of the meeting.

The minutes of the last meeting of Members of the

"Trustees of the California Medical Association" having been sent to all members, upon motion duly made and seconded, it was voted that the same be approved and the actions therein taken, ratified.

The meeting then proceeded to the election of directors of the corporation to serve for the ensuing year, or until their successors shall be elected and qualified. Upon motion duly made, seconded and unanimously carried, the following were elected to serve as directors of the corporation for the ensuing year or until their successors shall be elected and qualified:

Lowell S. Goin, Philip K. Gilman, Karl L. Schaupp, George H. Kress, E. Vincent Askey, John W. Cline, Lloyd E. Kindall.

There being no further business to come before the meeting, upon motion duly made, seconded, and unanimously carried, the meeting adjourned.

PHILIP K. GILMAN, M. D., *President*,
GEORGE H. KRESS, M. D., *Secretary*.

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DIRECTORS' REGULAR MEETING OF "TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION"

Minutes of the Fortieth (40th) Meeting of the Board of Directors

Pursuant to the By-Laws, a regular meeting of the Directors of the *Trustees of the California Medical Association*, was held in the Music Room of the Hotel Biltmore, in Los Angeles, California, on Monday afternoon, May 8, 1944, immediately following the meeting of Members of the "Trustees of the C.M.A."

Present were the following Directors:

Lowell S. Goin, Philip K. Gilman, Karl L. Schaupp, George H. Kress, E. Vincent Askey, Lloyd E. Kindall.

Philip K. Gilman called the meeting to order and George H. Kress acted as Secretary.

The Chairman stated that the first order of business was the election of officers to hold office for one year and until their successors were elected or appointed.

On nominations duly made and seconded and ballots cast and taken, the following Directors were unanimously elected to the offices of the corporation set opposite the name of each thereon respectively:

Lowell S. Goin, President.
Philip K. Gilman, First Vice-President.
Karl L. Schaupp, Second Vice-President.
George H. Kress, Secretary.
E. Vincent Askey, Assistant Secretary.
John W. Cline, Treasurer.
Lloyd E. Kindall, Assistant Treasurer.

There being no further business, upon motion duly made and seconded, it was voted to adjourn.

LOWELL S. GOIN, M. D., *President*,
GEORGE H. KRESS, M. D., *Secretary*.

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EXECUTIVE COMMITTEE OF CALIFORNIA MEDICAL ASSOCIATION

Minutes of the One Hundred Eighty-second (182nd) Meeting of the Executive Committee of the California Medical Association

The one hundred and eighty-second (182nd) meeting of the C.M.A. Executive Committee was called to order in the Music Room of the Hotel Biltmore, Los Angeles, on Monday, May 8, 1944, subsequent to adjournment of the meetings of the House of Delegates and Council.

1. Roll Call:

Present: President Lowell S. Goin; President-Elect and Council Chairman Philip K. Gilman; Speaker E. Vincent Askey; Past-President Karl L. Schaupp; and Secretary-Treasurer George H. Kress.

2. Election of Chairman:

The Secretary stated this was the organization meeting of the Executive Committee.

Upon motion duly made and seconded, it was voted that John W. Cline of San Francisco be elected Chairman.

3. Adjournment:

There being no other business, the meeting adjourned.

JOHN W. CLINE, M. D., *Chairman*,
GEORGE H. KRESS, M. D., *Secretary*.

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Minutes of the One Hundred Eighty-third (183rd) Meeting of the Executive Committee of the California Medical Association

The one hundred eighty-third (183rd) meeting of the C.M.A. Executive Committee was called to order in the headquarters office of the California Medical Association, San Francisco, at 10:00 A.M., on Sunday, June 4, 1944

1. Roll Call:

Members Present: John W. Cline, Executive Committee Chairman; Lowell S. Goin, C.M.A. President; Philip K. Gilman, Council Chairman; E. Vincent Askey, Speaker, House of Delegates; Karl L. Schaupp, C.M.A. Past-President; and George H. Kress, Council Secretary.

Present by Invitation: Executive Secretary John Hunton; Legal Counsel Hartley F. Peart; and Associate Legal Counsel Howard Hassard.

2. Public Relations and California Physicians' Service:

Dr. Askey read a letter of June 2nd, from Mr. John R. Little of the firm of Foote, Cone and Belding, which Dr. Askey had requested be sent to him. This letter stated that the California Medical Association had spent some eight thousand dollars to learn pertinent facts on public relations and to build up among California Medical Association members a desire for action. Reference was made to the discussions and reactions to addresses that had been given at the recent Annual Session. The need for positive and prompt action was emphasized. Stress was laid upon the importance of California Physicians' Service taking action to employ an executive business administrator.

Discussion followed concerning the issues involved.

On motion made and seconded, it was voted that a letter be drafted to be sent to the Board of Trustees of California Physicians' Service, a copy to be sent also to each member of the Board of Trustees. (Under date of June 5th, such letter was forwarded by Chairman Cline.)

On motion by Dr. Goin, the C.M.A. Executive Committee voted that the California Medical Association would be willing to pay the salary of such a business executive administrator during the first year of his employment by California Physicians' Service, if such is the desire of the Board of Trustees of C.P.S.

On motion by Dr. Goin, seconded by Dr. Gilman, it was voted that the program of prospective procedures as outlined by Chairman Cline be approved.

It was agreed that Drs. Karl L. Schaupp and John W. Cline should present the matters discussed to the Board of Trustees of C.P.S. at a meeting which that Board will hold on June 11, 1944.

3. Liaison Committee on Medical-Hospitalization Plans:

It was stated that the Committee of Three of the California Medical Association and the Committee of Three of the Association of California Hospitals would hold a joint meeting on Sunday, June 18. Medical service and hospitalization plans in relation to existing groups were discussed.

Mr. Hassard and Mr. Hunton reported on a conference with the Executive Committee of Hospital Service of Southern California on Saturday, June 3rd.

The relation of Mr. W. Glenn Ebersole, a part employee of both California Physicians' Service and Hospital Service of Southern California, was considered and

it was voted that until the next meeting of the Council of the C.M.A., the California Medical Association would engage his services.

4. **Minutes:**

On motion made and seconded, the minutes of the organization meeting of the Executive Committee, held in Los Angeles on May 8, 1944, were approved.

5. **Advertising in "California and Western Medicine":**

Executive Secretary Hunton, who is also Business Manager of California and Western Medicine, recommended an increase in advertising rates. After discussion, the Business Manager was given authority to use his judgment concerning the establishment of a new schedule.

6. **A.M.A. Council on Medical Service and Public Relations:**

A letter dated May 24, 1944, from the A.M.A. Council on Medical Service and Public Relations, referring to a meeting to be held in Chicago at 2:00 P.M., on June 11, 1944, was read. Council Chairman Gilman had appointed as a committee to represent the California Medical Association at the meeting, Dr. Lowell S. Goin, Dr. Dwight H. Murray, Mr. John Hunton, and Mr. Ben Read. Appointment of this committee was approved.

7. **Maternity-Pediatric Program Resolution:**

A resolution dealing with Emergency Maternity-Infant Care (E.M.I.C.), which had been drafted by Dr. W. B. Thompson of Los Angeles, and which had been considered by the C.M.A. Committee on Maternity-Pediatric Work, in conference with the Bureau of Maternal and Child Health of the State Board of Health, was discussed. Some changes were made therein and the Secretary was instructed to forward copies to the C.M.A. delegates to the A.M.A. House of Delegates.

8. **Referee Officers for State Board of Medical Examiners:**

Excerpts from the first report of a Committee on Administrative Agencies of California, and addressed to the Chairman of the Judicial Council, referred to a plan of having hearing officers or referees to preside at Board meetings in which disciplinary procedures were involved.

The communication was referred to Legal Counsel Peart for investigation and later report.

9. **Secretary for the Scientific Section on Radiology:**

Attention was called to a vacancy in the office of Secretary of the Section on Radiology, due to the fact that a nonmember of the Association had been inadvertently elected to that office.

In the emergency, Council Chairman Gilman had appointed Dr. Beth T. Pinkston of Los Angeles, to fill the vacancy. This appointment was approved.

10. **Adjournment:**

There being no other business, the meeting adjourned.

John W. Cline, M. D., *Chairman*,
George H. Kress, M. D., *Secretary*.

The fifth freedom, the Freedom of Individual Enterprise, is the keystone of the arch on which the other Four Freedoms rest. That is what freedom means.—*Nicholas Murray Butler.*

". . . Receiving thankfully all that physiology or chemistry or another science can give us, let us still hold that that alone is true which is proved clinically, and that which is clinically proved needs no further evidence."—*Sir James Paget.*

"If ever the human race is raised to its highest practicable level intellectually, morally, and physically the science of medicine will perform that service."—*Descartes.*

OFFICIAL NOTICES: RE C.P.S.

ADMINISTRATIVE MEMBERS: FIRST MEETING

Transcript of Proceedings of the First Meeting of the Administrative Members of C.P.S. (Members of C.M.A. House of Delegates Acting in That Capacity)

Held in Los Angeles at Hotel Biltmore, on Sunday, May 7, 1944, at 3:00 p.m.

President Wilbur: The Administrative Members of the California Physicians' Service will now be in order.

I found out long ago as an educator that in problems over which there was controversy you had to first learn to be patient; second, to get the facts and the other thing is to hang on to the roots and not let go. That is where we are now in this particular problem that faces us as members of C.P.S.

You are now the properly elected and seated Administrative Members. You have in addition a certain number of Administrative Members selected in another way. The Board of Trustees are Dr. Askey, Dr. Ayres, Dr. Gibbons, Dr. Mack, Dr. Myers and the Rt. Rev. Thomas J. O'Dwyer. The officers are:

Dr. Ray Lyman Wilbur, President; C. Kelly Canelo, M.D., Vice-President; Alson R. Kilgore, M.D., Treasurer; T. Henshaw Kelly, M.D., Assistant Secretary-Treasurer; A. E. Larsen, M.D., Secretary-Medical Director; Eugene F. Hoffman, Assistant Medical Director.

The Trustees whose term expire at this meeting are all of the Trustees except Wilbur, Myers and Kelly.

If there is no objection, we will report the roll call of the House of Delegates of those seated as the roll of the Administrative Members of the California Physicians' Service, plus various members at large, and Drs. Wilbur, Canelo, Kilgore, Kelly, Askey, Ayres, Gibbons, Larsen, Hoffman, Mack, Myers and the Rt. Rev. Thomas J. O'Dwyer.

In order to let the members of the California Physicians' Service know what is going on we have asked Dr. T. Henshaw Kelly, Chairman of the Executive Committee, to make a brief report. Dr. Kelly!

Report of the Executive Committee: Dr. T. Henshaw Kelly, Chairman

Dr. Kelly: Delegates and Officers: Having been a delegate and officer of the State Association on many occasions and having received all of these bulletins before the annual sessions, I know how carefully they are read before the meeeting; and, for that reason, in order that you may know, as you take up your new job of Administrative Members of the California Physicians' Service, an outline of the present status of the California Physicians' Service and a short résumé of how it got where it is, may be in order.

As you know, C.P.S. was started at the instance of the Council and the House of Delegates of the California Medical Association and was incorporated on the 2nd of February, 1939. Contracts were not in force until the summer of 1939 and from that time on we began accumulating a group of contracts which provided full coverage medical care and hospitalization, for the contract holders. Our hospitalization was issued in conjunction with the three Blue Cross Plans and the full coverage was provided at the instance of the House of Delegates of the California Medical Association which asked that the plan which we instituted should provide full coverage. At that time we consulted Mr. Ralph Nelson who is one of the leading actuaries on the Coast, if not in the country, and he said that there was no experience on which to go and that the best thing for us to do was to decide what coverage we were going to give, what we thought we could do it for and then to keep careful records which would tell us, as our experience grew, what we could do and what we could not do.

He refused to consult with us on a fee basis but sat down with us and designed the card which provided the basis of our record for which he refused to charge anything. He said he would like to make that as part of his contribution to a medical service plan in this state.

We found out quickly that full coverage on a cost which people can pay or will pay is not possible in a medical plan of this sort. In Alameda County, which is the chief sufferer because they rapidly accumulated large numbers of C.P.S. members, under full coverage, they took the main beating. A rapid study was made and our rapid attempt to get rid of full coverage was made. We got rid finally of all the contracts of full coverage by the fall of last year. That constitutes the commercial program.

We write today two sorts of contracts. One is a surgical contract and hospitalization which covers the employee and his family and provides only for surgical service including fractures and provides hospitalization for general illnesses as well as surgical illness itself.

A standard hospital contract has been issued of the type that is issued by the Hospital Service of Southern California in Los Angeles and to that surgical contract can be added a rider which provides the employee only with two-visit deductible coverage which gives him coverage for all sorts of conditions, and provides he pay the cost of the first two visits in any one illness unless the second visit itself is an operation or expensive laboratory or x-ray work.

These two types of contracts C.P.S. has gradually evolved into a unit that is 90 per cent of normal. The first unit was $2.25 having arrived there from an all-time low of $1.10 and from the time that we shifted from the full coverage surgical and two-visit deductible unit it has shown a continuous rise. We have tried to develop and maintain a reserve which we call a unit stabilization reserve which reserve is to protect the service against some big emergency. We have as of today some 70,000 persons covered under the commercial plan, that is with either surgical or surgical and two-visit deductible contract with hospitalization.

In 1941, we discussed with the Government the problem of the farmers in the rehabilitation program that was going on in these border-line farms and so forth in the State. We wrote a contract with the Farm Security Administration to take care of a number of these border-line farmers who had borrowed money from the Farm Security Administration. We had discussed a form of contract on the unit values because these people were all under $2,000.00 a year and which was acceptable in the rural districts by the doctors. One dollar and fifty cents was the basic unit. This program has worked very well from that time up to now. At the same time we have some 4,000 people covered in several counties in the State under that program which is working out on a self-supporting basis. It was that program which gave us our first favorable contact with the Governmental agencies and in which we found that Governmental agencies were not tough to deal with.

In 1942, in the fall the housing situation got to be very acute. We were talked to at that time with the idea that we could supply medical service on some of the big housing projects in which the need for it was very great. We sat down again with no experience behind us on which to go to find out what we could do. We took the highest birth rate up to that time and doubled the figure in obstetrics. The plan began but it was obstetrics in these housing service plans that ruined the plan. If the housing situation and the health situation on these projects were acute in the fall of 1942 by the spring of 1943 the situation of the C.P.S. was very acute in the housing projects and, as some of you know, there were some instances where, at the end of the contract, they had run for 60 days after it was canceled. You had to give 60 days' notice of cancellation. The doctors in the great majority of instances very silently and stoically sat down and took their loss. I do not need to say how appreciative we who had directly to do with C.P.S. have been over the fact that they did do this. We renegotiated the contracts with some of the housing authorities and these are in effect now with certain provisions eliminated from the contract, certain changes in the rates and those projects are running along fairly smoothly.

Under the Federal Housing projects we have some 25,000 people covered, making the total coverage now of C.P.S. around about 99,000 people.

At the end of the fiscal year, March 31, 1944, the total income from that year, ending March 31, for C.P.S. was $1,280,000.00. Expenditures ran to $1,206,000.00 and in the unit stabilization fund at that time there was the sum of $37,600.00 which has been materially increased since that time. We have in most instances not paid out every cent of money that we had each month in the unit in order to accumulate a fund of reasonable dimensions under this unit stabilization fund and, as I see it, at the present time there is a definite increase of over $73,652 which was the amount of it at the end of the year.

That is a fair statement of the progress of C.P.S.'s operations in the preceding year. At the present time we are adding new members to C.P.S. contract holders in the commercial program, frankly speaking, at a rate of something in the neighborhood of 5,000 a month. That is not big in itself or in the sense of the plan. The success of that will mean an answer to Mr. Little's talk but it is a baby that is beginning to grow a little bit. There have been five terribly painful years of gestation and we might say that Mr. Little is presiding at the delivery. We like to use medical similes and you are now the wet nurses.

I have tried quickly to give this short résumé and to show you what C.P.S. is at the present moment. It did a million and a quarter of business last year. It has practically 100,000 people under coverage now and is adding to that at the rate of some 5,000 a month which is gradually increasing. I hope that you will take care of it and that the pains and sufferings that you have as a result of nursing it won't be as bad as the ones we have had.

DR. CLINE: I would like to move that the Resolutions and Nominations Committee be appointed and that the committees announce before the termination of this meeting the place of meeting where the members of the House can have ready access to them.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

PRESIDENT WILBUR: The motion is carried and it is so ordered.

Speaking on the motion made by Dr. Cline, I would like to appoint Edwin L. Bruck, Chairman, Jay J. Crane and Dewey R. Powell its members. I would like to explain that we have spread that out to regional appointments so that the State would be pretty well covered and so that the Committee can tell us pretty well their suggestions from all over the State.

Are there any other motions to come before this body? (No response.) We have and can elect members at large by a two-thirds vote. We elect Administrative Members who are not Delegates or Alternates or officers of the California Medical Association and they need not be doctors of medicine. Persons so elected are called Administrative Members-at-large and they serve for three years. If you have any names you would like to

suggest for members-at-large, we would appreciate your giving them to the committee that has been named. We are anxious to get a considerable body of wise and friendly citizens as the Administrative Members-at-large in order to assist the publicity program which was outlined here by Mr. Little.

Is there any business that any of you gentlemen want to bring up at this time of any sort?

DR. BRUCK: As Chairman of this Resolutions Committee, I will say I don't know in what conference room we will meet, but I think we will meet at 8:30 o'clock in the morning. I will post a notice in the morning.

PRESIDENT WILBUR: If there is no more business we will adjourn to meet tomorrow afternoon to carry forward the election of the Trustees, Administrative Members-at-large and deal with any resolutions prepared and that will pass through this committee. If you have any resolutions let us have them before tomorrow afternoon as they are not apt to be in order unless the committee has considered them.

We stand adjourned as the Administrative Members of California Physicians' Service.

. . . The meeting of the Administrative Members of the California Physicians' Service adjourned at 3:25 P.M. . . .

Transcript of Proceedings of Second Meeting of the Administrative Members of C.P.S., Held at Los Angeles at Hotel Biltmore, on Monday, May 8, 1944, at 3:00 P.M.

The meeting of the Administrative Members of the California Physicians' Service was called to order at 3:00 P.M., Monday, May 8, 1944, by the President, Dr. Ray Lyman Wilbur.

PRESIDENT WILBUR: The Administrative Members of the California Physicians' Service will be in session.

The roll call we will dispense with as a major part of the roll is represented here in the House of Delegates.

The first order of business is the Report of the Resolutions and Nominating Committee which was selected and appointed yesterday. Will the Chairman, Dr. Bruck, be kind enough to make your report?

Report of the Resolutions and Nominating Committee: Dr. Edwin L. Bruck, Chairman

DR. BRUCK: Dr. Wilbur and Administration Members of C.P.S.: This Committee appointed yesterday by your President was Dr. Powell, Dr. Crane and myself. We have had a good deal of deliberations; we have had to go over several resolutions and we have also had to go over the nominations.

The Committee has selected as nominees for Administrative Members-at-large, term expiring in 1947, the following five persons: Dr. Glenn Curtis, Orange County; Dr. Fletcher Taylor, Alameda County; C. W. Pheiffer, Los Angeles; A. C. Hughes, Salinas; Morton R. Gibbons, San Francisco.

PRESIDENT WILBUR: This is your Board of Administrative Members-at-large. You will remember, those of you who were here yesterday, that, in addition to the House of Delegates and Alternates, we have a certain number of these Administrative Members elected by the Administrative Members and that is a small body at present. We have some that are carry-overs and these are the ones that have been nominated by this Committee. Their names are before you and I will entertain a motion that these names be elected as Administrative Members-at-large.

A MEMBER: I should like to ask who the non-medical members are and what their relation is?

DR. BRUCK: Mr. C. W. Pheiffer is from Los Angeles. He is Chairman of the Inter-social group here in Los Angeles and he has to do with coördination of the various social agencies in Los Angeles County and in the State, I believe. Mr. Andrew C. Hughes is from Salinas. He is President of the California Bankers Association and he has been interested in C.P.S. for quite some time. The rest are all medical members.

. . . The motion was seconded. . . .

PRESIDENT WILBUR: Are there any further questions? If not, I will call for a vote on the motion.

. . . A vote was taken on the motion and it was unanimously carried. . . .

PRESIDENT WILBUR: The motion is carried and it is so ordered. These men are elected.

DR. BRUCK: Next is the nomination of Trustees. The Trustees fall into two groups; group No. 1 those whose term will expire in 1946, and the second group those whose term will expire at the annual meeting in 1947. There are eight members in all. For those whose term will expire in 1946 there are three: Rt. Rev. Thomas J. O'Dwyer of Los Angeles; Dr. Chester L. Cooley of San Francisco and Dr. A. E. Moore of San Diego County, and for those individuals whose term will expire in 1947 are: Dr. Glenn Curtis, Orange County; Dr. Carl Mulfinger of Los Angeles County, Dr. Fletcher Taylor of Alameda County, Dr. Philip K. Gilman of San Francisco and Dr. H. Randall Madeley of Solano County.

PRESIDENT WILBUR: Do you have these names before you to fill the vacancies on the Board of Trustees. In addition, there may be nominations from the floor for any member of the Administrative Board. If not, the Chair will entertain a motion.

DR. BRUCK: I move that the names selected be elected for the term specified.

. . . The motion was seconded, put to a vote and unanimously carried. . . .

PRESIDENT WILBUR: It is carried and the Trustees are elected as indicated.

We have then certain resolutions that were brought to the attention of your committee.

WHEREAS, The California Physicians' Service was organized principally for the low income groups of California for a pre-pay medical plan; and

WHEREAS, This group was not reached to any great extent because of their inability to carry such a plan financially; and

WHEREAS, There is also a group that have no income and who are receiving their medical care without cost and at the expense of the physicians of California; therefore, be it

Resolved, That the President of the California Physicians' Service be instructed to devise a plan by which these patients up to an annual income of $1,800.00 per year may be subsidized wholly or in part for their medical service.

The committee considered this resolution rather at length and there was a considerable amount of discussion on it. Inasmuch as there are already means by which the California Physicians' Service can take over the care of individuals who fall below the $3,000.00 limit and in some instances they are already subsidized by the Federal Government, we feel that the last part of this resolution should read as follows and we offer this substitution:

Resolved, That the Trustees of the California Medical Association be instructed to make every reasonable effort to carry out the primary purpose of the California Physicians' Service to care for all low income groups on a prepaid medical plan.

The committee recommends that with that amendment the resolution do pass. I so move.

. . . The motion was seconded. . . .

PRESIDENT WILBUR: You have before you the recommendation made and the modification made in the Committee's report, duly recommending that the California Physicians' Service be instructed to take care of the low income groups in accordance with their present plan or additional plans worked out by them. Is there any discussion on this question?

. . . There being no discussion, the motion was put to a vote and it was unanimously carried. . . .

PRESIDENT WILBUR: The motion is carried and it is so ordered.

DR. BRUCK: We also had the resolution by Dr. Remmen which has already been taken care of by Dr. Canelo's committee and with the recommendation that it do not pass. The House voted in that way so that is one thing we can dispense with.

PRESIDENT WILBUR: Was that presented to the House of Delegates?

DR. BRUCK: Yes. I will read the resolution so there will be no question about it.

WHEREAS, After more than five years of operation California Physicians' Service has acquired only about 100,000 beneficiary members which number is scarcely more than the personnel of any one of several large industrial plants; and

WHEREAS, During the same period private insurance companies offering broader coverage have expanded until they are now furnishing health and accident insurance to a vastly greater number of employees; and

WHEREAS, The failure of California Physicians' Service to make a satisfactory growth may be due to the fact that it does not offer satisfactory coverage in the fields of group life insurance, indemnity for lost time through disability, or indemnity for permanent disability, or in the field of hospitalization, or may be due to faulty sales' methods, or to lack of coöperation by the physician members, or to some other cause or causes; and

WHEREAS, The recent Foote, Cone and Belding survey obtained valuable information as to the desires of the general public, but did not include a study of the attitudes of employers and labor union officials without whose coöperation no health insurance plan can succeed; Now, therefore, be it

Resolved, That the President of this Association be directed to appoint a suitable committee, which shall be provided by the Council with necessary funds, and shall cause a survey to be made of the attitudes, opinions and desires of employers of labor and of officials of labor unions in the matter of group health insurance in general and of California Physicians' Service in particular, in an attempt to learn what changes, if any, in the structure, coverage offered and administration of California Physicians' Service are needed to insure its greater success, and that the Committee be directed to report its findings to the Council before its September 1944 meeting, and that the Council be directed and authorized to take such further action as it may deem necessary.

Mr. President, this resolution was presented to the House of Delegates because there were matters in there that concerned the House of Delegates. This resolution was reported out of Dr. Canelo's committee with the recommendation that it do not pass and that action was taken.

PRESIDENT WILBUR: Does anyone wish to review this resolution or are you willing to accept the action of the House of Delegates? If you are, we will go on to the next point.

DR. BRUCK: The following is a resolution presented by Dr. Donald D. Lum of Alameda County:

WHEREAS, The California Medical Association adopted a resolution March 5, 1944, expressing the desire of the Council of the California Medical Association to the committee of eight representing the California Medical Association, the Hospital Service of California, the Hospital Service of Southern California, and the Inter-Coast Hospitalization Insurance Association, to work in good faith to accomplish a merger of the three hospital plans and California Physicians' Service in agreement with said principles and along the general line of the merger, to to everything possible to accelerate the activities of this committee of eight so that tangible results will obtain before the annual meeting of the California Medical Association, May 7, 1944; and

WHEREAS, Alameda County was able a few years ago to take a preliminary part in the organization and development of the Hospital Service of California; and

WHEREAS, There is now pending before Congress certain legislation; and

WHEREAS, This should impel us as an organized group of physicians to present to the public a plan of prepayment hospital service that will serve the interests of the public better than a government controlled organization; therefore, be it

Resolved, That the Administrative Members of California Physicians' Service request the officers and Trustees of California Physicians' Service to take steps to effect an amalgamation of the California Physicians' Service and the three Blue Cross Hospital Services of California, the Hospital Service of California, the Hospital Service of Southern California and the Inter-Coast Hospitalization Insurance Association, into one, and if that is not possible a new organization which will be state-wide; and, be it

Further Resolved, That the Administrative Members of California Physicians' Service approve the principle of prepaid hospital and medical service on an ethical indemnity insurance basis.

The committee listened at length to hearings on this resolution and the committee came to the following conclusion about it. This resolution covers two things, two definite points, which must be considered separately. The first "Resolved" favors a consolidation of the three hospital associations into one state-wide body with which California Physicians' Service can coöperate, and also be approved by California Medical Association and California Physicians' Service Trustees. Active steps to bring this about are now under way and some progress is being made. There can be no question as to the desirability of such a unified plan. Your committee recommends the adoption of this portion of the resolution.

The second "Resolved" favors an indemnification type of California Hospital Service that would undermine the basic structure of our organization from a health service to an insurance company. The public whom we wish to serve we believe could not be sold an insurance coverage already offered by established companies with trained personnel and many millions in reserves. Moreover, certain improvements suggested to us yesterday can be made in our present organization that will give promise of steadily increasing growth and we do not feel that this is the opportune time to consider such a plan as we may find out that indemnification policies are at present for those whose incomes are over $3,000.00. We suggest that the Board of Trustees give continuing study to this type of program. Accordingly, your committee recommends that the latter portion of the resolution do not pass.

Mr. President, I would make a motion that the first portion of the resolution, leaving out the last paragraph, be adopted by the Administrative Members.

PRESIDENT WILBUR: You have before you the report in two sections; one has to do with a plan whereby the hospitals may be brought together in some unified program. The chairman of the committee has moved that this be adopted.

. . . The motion was seconded, and, there being no discussion, it was put to a vote and carried. . . .

PRESIDENT WILBUR: It is so ordered.

DR. BRUCK: The second part of the resolution is:

Resolved, That the Administrative Members of the California Physicians' Service approve the principle of pre-paid hospital and medical service on an ethical indemnity insurance basis.

The committee recommends that this portion of the resolution be not adopted. I so move.

PRESIDENT WILBUR: The motion has been made. Is there a second?

. . . The motion was seconded. . . .

Dr. H. J. Templeton (Alameda County): I would like to get this absolutely straight. We of Alameda County came here today not in a spirit of antagonism but rather a spirit of coöperation as mentioned by Mr. Little, yet our attitude is that of constructive criticism in that we, like many of you, have not been satisfied with C.P.S. Constructive in that, we earnestly believe, we have a plan for improving California Physicians' Service into one that will be acceptable to the physicians and at the same time to the public. Mr. Little wisely said yesterday that any plan to be successful must have not only the support but the enthusiastic support of its proponents, and so far we have not had that enthusiastic support.

Let me briefly review Alameda County's idea. First, we heartily endorse the basic idea of a pre-payment insurance against the cost of illness. Secondly, we believe that a great insurance company should be set up under the Insurance Commission of California, staffed by experienced business men, actuaries and salesmen but responsible to our newly formed governing body of the Administrative Members of the California Physicians' Service. This organization should include C.P.S. and the various hospital plans. Lastly, and this is the crucial point, that medical care should be rendered on an indemnification basis rather than on a service or unit basis, whose responsibility would continue to be met as under the present scheme but the patients will be indemnified by so many dollars per diem. Physicians would retain their present independence as far as fees are concerned and could follow a normal reasonable fee schedule set up by them, or they could scale that fee schedule downward as the case demanded. This plan was unanimously recommended by the Council of the Alameda County Association and it was later passed without a dissenting vote by what was probably one of the largest meetings in the history of our Association, the third largest in the State.

Maybe I am naive in my thinking, but it seems to me that the Alameda Plan alone would solve most of your difficulties and which would be acceptable to all of our physicians. I have talked to dozens of you and I have heard you almost unanimously express your personal approval of the theory. You thought it was fine but would it work? You wondered if it was salable to the public as a full coverage service plan. I grant you that the public would like to get as much service as possible for as little as possible for such is only human. We all would like to get as much as we could but I do not think we are called upon to go all the way in a compromise of the public. If we are, gentlemen, we might as well socialize everything. We certainly cannot be blamed for protecting our own interests, particularly when we believe we are offering a plan which will fully protect the public against an unusual, heavy expense of illness.

We of Alameda County certainly believe this is a good plan. We offer it for your consideration in this period of re-organization. We know full well in this period of re-organization that if we adopt this idea of indemnification you would alter the whole structure of C.P.S. We realize it takes a great deal of thought. It should be thought out by the Administrative Board, the Board of Trustees, so we are asking for no immediate action on this but we want to get this on record before you for you to think of.

President Wilbur: Will you repeat your remarks that has to do with the Insurance Commission?

Dr. Templeton: Yes. Secondly, we believe that a great parent insurance company should be set up under the Insurance Commission of California, staffed by experienced business men, actuaries, and salesmen but responsible to our newly formed governing body of the Administrative Members of C.P.S.

President Wilbur:

The reason I mentioned that is that one of the greatest problems has been the supervision of the Insurance Commissioner to get control of this organization which eventually goes before the Supreme Court because we wanted to have a service organization that provided service and not insurance. We wanted to keep it where the doctors could control the set-up rather than have the Insurance Commissioner do so. We have won the suit in the Superior Court and before long it will be up before the Supreme Court when it will be determined whether we will be able to go ahead with a service program rather than an insurance program. . . .

President Wilbur: Are there other points to be brought out at this time? The motion is that of adopting the report of the committee which does not adopt this indemnification clause.

A Member: I want to go on record simply as endorsing the remarks of the former speaker. It seems to me that the proposition that we have put forward will do away with the objection that so many people have to the California Physicians' Service and it seems to me that in the end it will give us and the public the best that we can do in the way of a pre-payment medical service. I have a feeling that an attempt to give service is doomed to eventual failure.

President Wilbur: The motion is before you.

President Karl L. Schaupp: I would be very much disappointed and I would feel that all the efforts for the establishment of the California Physicians' Service had been a failure if this motion were to pass and if this part of the resolution were adopted. I believe indemnification even for those people that are satisfied with it is a very fine thing, but had it been sufficient the California Physicians' Service would never have been necessary. That is a matter of service.

The feeling I have in my heart about this is that we would immediately lose all that we have gained through the work of Ben Read, all the work that has been gained in Washington would be immediately wiped out as just another insurance company. You don't have to develop another one. We have lots of good ones. They are doing a big business and I don't believe we could compete with them. If we are departing from that principle we might just as well not have C.P.S.—it might as well be out of business. (Applause.)

President Wilbur: Is there any further discussion?

Dr. Bruck: My motion, Mr. President, was that the second portion of the resolution do not pass. I so move.

President Wilbur: Is that agreed to by the second?

The Second: Yes.

President Wilbur: We will now vote on the motion.

. . . The motion was put to a vote and it was carried, not unanimously. . . .

President Wilbur: The motion is carried.

I will ask the members of the Board of Trustees to meet on adjournment of the House of Delegates. The room will be announced.

If there is no further business for the Administrative Members we stand adjourned.

. . . The meeting of the Administrative Members adjourned at 3:45 P.M., May 8, 1944.

With a vast modern army, one cannot make plans come true on short notice. Only long-range planning and preparation by a well-balanced and trained supplies staff permits the field commander to make decisions involving immediate execution, for only with that prior preparation does he know that the plans can be executed at all.—Mark S. Watson.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Arrowhead Hot Springs in San Bernardino County Becomes Naval Hospital

Capt. Joseph A. Biello, a distinguished officer of the Navy's medical forces in which he has served 37 years, recently arrived in San Bernardino to direct the establishment of the Navy's convalescent hospital for war founded at the Arrowhead Springs hotel.

The Arrowhead Springs hospital, to be the first convalescent hospital to be established by the Navy on the West Coast, will have a staff of 80, including 20 commissioned officers. Captain Cozby, executive officer, said he anticipated the transfer of the first patients from Navy hospitals at San Diego, Long Beach and the Santa Margarita ranch to the springs "in the near future."

A crew of Navy men is now busily engaged in converting the springs property, one of Southern California's palatial resort hotels, into a hospital. The Navy previously announced enlisted sailors and marines will draw top priority at the hospital, rather than commissioned officers.

Corona (San Bernardino County) Luxury Baths Aid Navy Men to Health

In luxuriously appointed rooms, once dedicated to the reduction of affluent men's waistlines, wounded from the Southwest Pacific are being brought back to health and activity under physical therapy.

The scene is the U. S. Naval Hospital at Corona, formerly the fashionable Norconian Club, under command of Capt. Harold L. Jensen, Medical Corps, U.S.N.

"We take over where surgeons leave off," explained Lt. Comdr. Edward Lowman, head of the department. His staff is composed of 15 Wave pharmacist's mates, all of them highly trained, and 15 Navy pharmacist's mates.

Treatments include hot sulphur baths, fresh and mineral swimming pools, whirlpools (tanks activated by propellers which churn heated waters to provide massaging effects), steam and heat cabinets, and other methods. . . .—Los Angeles *Times*, May 30.

Army Drops Rejectees' "PN" Label

Announcement that the army has dropped the objectionable label "psychoneurotic" from the records of selectees rejected for nervous and mental reasons, was recently made to the American Psychiatric Association.

Many persons considered this "PN" label a disgrace. It prevented many men from getting jobs. The rejects continue, but the reason now given is "not suited for military service."

The size of the man-pool of rejectees and discharged —a total of more than 4,000,000—also was announced. Of these 3,800,000 are 4F and half a million discharged.

Of the 4F's, 1,300,000 were mental and nervous—the old psychoneurotic label. Of the discharged, 40 per cent were for mental and nervous reasons.

"PN" was dropped because of the misunderstandings it has caused. Dr. Arthur H. Ruggles, chairman of the association's special committee on psychiatry in the armed forces, said that many PN persons are superior people in civilian life, brilliant, skilled, everything that industry might want. They are just not, he said, suited for military life.

Announcement of the label dropping was made by Col. William C. Menninger, chief of the neuropsychiatric division in the office of surgeon general.

He said that in the last six months there has been a tremendous falling off in the discharge of men from the army for mental and nerve troubles.

This gain is due to several innovations.

1—All medical officers were given a special course in psychiatric handling of mental cases.

2—Enlisted men were given a special course in understanding mental disorder.

3—Medical officers everywhere were instructed how to give group treatment and study for men threatened with mental breakdowns.

How Overseas Medical Corps Functions

In a London letter, N.E.A. correspondent Tom Wolf described work of overseas medical corps as follows:

The U. S. Army Medical Corps is ready, when invasion begins, to give the sick and wounded the best medical care in the world. It's easy for a civilian to forget the medics until the battles start. But the Army doesn't forget this vital service, and battles don't begin until it is ready.

The Medical Corps in the European theater of operations began building hospitals for the second front just as soon as America entered the war.

Before the hospital program could get into full swing, the medics had to know the plans of the pending operation in detail. How many casualties must they prepare for? How many sick and nonbattle injured? What types of sicknesses?

The number of hospital beds required depends not only on the number of patients admitted, but on the length of time each stays in the hospital. Injuries from small arms require a shorter period of hospitalization than do wounds from shells. There is a higher percentage of head wounds in trench warfare than in warfare of maneuver.

These are a few of the factors the Medical Corps has had to reckon with in preparing its hospitals for the coming invasion. Hospitals had to be found, or built, to provide tens of thousands of beds. The British provided them—either turned over existing hospitals or built new ones for us—on reverse lend-lease.

Then there was the question of supply. A general hospital in the United Kingdom is the size of the biggest hospitals in the biggest American cities. Its equipment must be the most modern and complete in the world.

But the hospital program in the United Kingdom, gigantic as it has been, is only one aspect of the Medical Corps' problem. There's the even more immense problem of medicine in the field.

Battlefield medicine starts at the battalion aid station —the forwardmost medical unit, literally on the edge of the field—where wounded can be given plasma immediately.

Next comes the collecting company: more thorough treatment of wounds; more plasma; ambulances. A collecting company's equipment, including vehicles, weighs over 65 tons.

Back of the collecting company is the clearing company, where the wounded are sorted—the critical going to field hospitals nearby; the less critical to evacuation hospitals further back. The collecting company can perform emergency operations if necessary. There's one collecting company for every division. Its equipment weighs nearly 75 tons.

The field hospital's equipment, less vehicles, weighs nearly 25 tons. It takes 19 2½-ton trucks to move it from place to place. Still larger are evacuation and general hospitals.

Each of these hospitals not only must be staffed and equipped, but mobile. The secret of successful Army medicine is the bringing of the doctor to the patient.

Letter from a U. C. Colleague: On Some Over-seas Experiences

(COPY)

Hdq. Southern Base Section,
A.P.O. 519, New York City, N. Y.
May 7, 1944.

Dear Dr. Kress:

Thanks for your note and copy of my letter to Dr. Carter. I do not see any military security that is violated in such a personal communication. I also do not see how the information contained therein could be of general news interest. Otherwise it is O.K. with me!

About three weeks ago I left the 30th General and have accepted a very interesting job as consultant in surgery to this busy Southern Base Section. Am on the road a great deal and doing all I can to keep up the high surgical standing that Uncle Sam demands our brave lads receive.

Cheerio and all the best.

(Signed) RHODES.

* * *

Copy of Letter from Col. George Rhodes, M.C.
Member of Faculty, U. C. Medical School

30th General Hospital,
APO 514, New York, N. Y.,
February 28, 1944.

Dear Doctor ————:

I first wish to acknowledge and thank you for your letter of 10-14-43, with a copy of your correspondence with Mr. J. B. Priestly, requesting that he send me a copy of his "English Journey." Mr. Priestly wrote me a very nice note which accompanied a two shilling and six pence edition of the book which he had autographed. He regretted that he did not have a better edition in his possession. It is a very interesting and well-written book and has been enjoyed by many members of our unit. I wrote to Mr. Priestly thanking him for this favor.

The unit also appreciated your letter of October 29th, with the copy of your correspondence to "U. C. Men in Service." We all very sincerely appreciate the thoughtful interest our Alma Mater has manifested in the efforts which members are exerting in doing their best to perform a job worthy of the traditions of California. Your suggestion regarding a series of dinners "on the University" was not practical. Perhaps in peacetime this location would not be considered an isolated area, but at present about the only way we can get about is by the use of over-crowded busses and trains, whose schedules are not primarily arranged for comfort or joy-rides. For example, some of us got a leave to see the show 'This Is the Army" in Birmingham. We stood up most of the way, made three transfers, and arrived at our destination in about five hours. The trip by machine would probably take an hour and a half. It is also becoming increasingly difficult to get time off for leaves, with only 7 per cent of the staff being allowed leaves at any one time.

We enjoyed the Christmas greeting card with the signatures of all our friends on the "home front." . . .

Thanks for the unique menu of Bill Kerr's dinner, with his note. We all would like to have been there, primarily of course to congratulate him. Secondarily, it would be grand to sit down to one of those old "pre-war" dinners and set our teeth into some good U.S.A. food and "sip" some of Lucia's choice wines, etc. Food over here, even at the Ritz in London, is nothing to brag about and strictly rationed. The portion of meat is usually just enough to let you recall the taste. The usual fillers are brussel sprouts, potatoes, and some other concoctions of cabbage. Butter and sugar are often absent. Seriously, however, everyone gets a well-balanced diet, but even at the best you fellows would "grouse" about it—I'm sure we just don't know any better. Dr. "Naff" I'm afraid was so well dined and wined by the brass hats and professional friends that he didn't get a "poor view" of how the other half lives. Thanks also for the copies of letters from Reilly and Escamilla. We enjoyed hearing from them.

Since Dr. Naffziger was here we completely renovated and decorated the officers' and nurses' recreation hall. We had the coöperation of a friend of mine who is an interior decorator. The building we use for a recreation hall is a large Nissen hut structure, originally designed by the British to be used as a recreation hall, mess, and kitchen for the officers and nurses. We use one large room for the monthly dances and informal evening gatherings. The other room has a snooker table and ping-pong tables, and one end of this is divided off for a lounge and library and newly built-in fireplace. The room which was previously designed as a kitchen has been made over into a very satisfactory "pub," of which we are very proud. We have a nice semi-circular bar made of plywood and linoleum, and a "brass rail" made of salvaged water pipe. We call the "pub" the "Golden Bear," and my friend, the decorator, has a panel made, four feet by three feet, on which is a very respectable looking golden bear on a blue background, with the letters GOLDEN BEAR above the animal. We have also had to procure additional furniture, etc., to complete the equipment of this recreation hall. No other outfit that we have visited has such a well-appointed recreation hall, and of course, it would not have been available to us without the generous financial assistance rendered by you, our friends at home. . . . This recreation hall has been a great help in keeping up the morale, for there is very little outside diversion or entertainment available unless one gets occasional opportunity to visit London and see a few bright spots and a good show. These visits to London of course are not without their extra "interest," for one never knows when the "Jerries" will decide to visit the capital at the same time. Even minor air raids make a Fourth of July celebration at home look like a child blowing soap bubbles.

Since Dr. Naffziger was here, we have become increasingly busy, with a very rapid turnover. This is due to several factors. We have now available several large convalescent hospitals to which patients are evacuated early. Also, transportation to the U.S.A. is much more readily available. It is also the policy to evacuate patients to the United States as soon as they are safe to transport, provided they cannot be rehabilitated to full combat duty within four to six months.

We have lost several of our original officers and have a number of replacements. Our unit enjoys a very excellent professional rating over here. They feel that we are over-staffed with well-trained men, and that many of the other outfits here are very inadequately staffed with capable men in charge of departments. We already have lost Major Schindler, Major Albert Clark, Captain Kelley, Captain Leonard, and Major Ryder. Current correspondence indicates that I will have to relinquish several more of my men within the next few weeks. Major Birnbaum was returned to the United States on account of severe asthmatic attacks. Asthma and peptic ulcers are all to be returned to the States from this theatre.

An ever increasing number of new outfits are arriving in England in preparation for the invasion which undoubtedly will be started in the near future. We all

realize the sacrifice this move entails, but also realize that it must be done if we are to finish this job and get back to normal life again at home. It will be two years the 11th of June since we arrived, and the novelty of the experience has long since worn off. It is now just a job to finish and may this be accomplished real soon!

With kindest personal regards to you and members of the faculty, I am,

Very cordially yours,
(Signed) George K. Rhodes.

Medical Journals—For Colleagues in Military Service

In former issues, editorial comment was made on a plan to forward medical journals to the Hospital Stations of Army, Navy, and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Postgraduate Activities—in coöperation with the medical libraries of the University of California., Stanford, and the Los Angeles County Medical Association.

The addresses of the three libraries follow:

University of California Medical Library, The Medical Center, Third and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals via "Railway Express Agency," collect, to: California Medical Association Postgraduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California. Railway Express Agency addresses: In San Francisco, at 635 Folsom (EX 3100); in Los Angeles, at 357 Aliso (MU 0261). The "Railway Express Agency" will call for packages and will collect costs from the California Medical Association. The Postgraduate Committee will forward to camps.

COMMITTEE ON SCIENTIFIC WORK

Concerning Penicillin: Where to Be Obtained in California

(copy)

War Production Board
Office of Civilian Penicillin Distribution
226 West Jackson Blvd., Chicago 6, Ill.

May 1, 1944

Re: "Depot Hospitals":

The following institutions have been selected to serve as "depot hospitals" by the Advisory Panel of the Office of Civilian Penicillin Distribution, War Production Board, for the proper storage and distribution of penicillin for civilian medical use. These hospitals will be the local depots for further distribution of the drug, as well as a source of supply for their own requirements. They will recognize the request of other hospitals and, if the need is established, will to the best of their ability in consideration of their supply on hand, furnish penicillin for purchase by such other hospitals. This list is subject to revision by action of the Advisory Panel.

CALIFORNIA

Eureka—Humboldt County Hospital.
French Camp—San Joaquin General Hospital.
Fresno—General Hospital of Fresno County.
Glendale—Glendale Sanitarium and Hospital.
Loma Linda—Loma Linda Sanitarium and Hospital.
Los Angeles—California Hospital, Cedars of Lebanon Hospital, Children's Hospital, Hospital of the Good Samaritan, Los Angeles County Hospital (Medical Unit), Presbyterian Hospital—Olmstead Memorial, Queen of Angels Hospital, St. Vincent's Hospital, Santa Fe Coast Lines Hospital, White Memorial Hospital.
National City—Paradise Valley Sanitarium and Hospital.
Nevada City—Nevada County Hospital.
Oakland—Highland-Alameda County Hospital, Permanente Foundation Hospital.
Orange—Orange County General Hospital.
Pasadena—Collis P. and Howard Huntington Memorial Hospital.
Portola—Western Pacific Railway Hospital.
Redding—Shasta County Hospital.
Sacramento—Sacramento County Hospital.
Salinas—Monterey County Hospital.
San Bernardino—San Bernardino County Charity Hospital.
San Diego—San Diego County General Hospital.
San Francisco—Children's Hospital, Franklin Hospital, French Hospital, Mary's Help Hospital, Mount Zion Hospital, St. Joseph's Hospital, St. Luke's Hospital, St. Mary's Hospital, San Francisco Hospital, Southern Pacific Hospital, Stanford University Hospitals, University of California Hospital.
San Jose—Santa Clara County Hospital.
San Leandro—Fairmont Hospital of Alameda County.
Santa Barbara—St. Francis Hospital, Santa Barbara Cottage Hospital, Santa Barbara General Hospital.
Santa Rosa—Sonoma County Hospital.
Vallejo—Vallejo General Hospital.

* * *

Office of Civilian Penicillin Distribution
War Production Board
Chicago 6, Illinois

PENICILLIN

The Indications, Contra-Indications, Mode of Administration and Dosage for Penicillin

Physicians who desire to employ the new microbiotic chemotherapeutic agent, the sodium salt of penicillin, in the treatment of conditions hitherto not amenable to or resistant to therapy with sulfonamide drugs or other agents, should be guided by the following summary.

This report has been prepared by Dr. Chester S. Keefer, Chairman of the Committee on Chemotherapy of the National Research Council and Consultant to the Office of Scientific Research and Development.

The recommendations presented in this report have been based upon experience gained by clinical teams in a number of institutions, treating over three thousand cases of presumably amenable diseases representing a wide range of conditions. The long series of carefully controlled and reported cases, under supervision of the Office of Scientific Research and Development, has resulted in authoritative data upon which to base recommendations as to indications, contra-indications, mode of administration and dosage for penicillin.

In releasing penicillin for controlled use in the civilian practice of medicine, the War Production Board through the Office of Civilian Penicillin Distribution desires to make penicillin available to the greatest number of patients to whom its administration is justified without wasting precious material. Therefore, it recommends Dr. Keefer's summary as a guide for treatment with penicillin in hospitals and institutions at this time.

The text of the report prepared by Dr. Keefer, representing the recommendation of the Office of Scientific Research and Development and the National Research Council, follows:

Based upon the experience gained in the past year with penicillin therapy, it has been found that penicillin is the best therapeutic agent available for the treatment of certain conditions, as follows:

GROUP I INDICATIONS

1. All *staphylococcic infections* with and without bacteremia:

Acute osteomyelitis
Carbuncles—soft tissue abscesses
Meningitis

Pneumonia—empyema
Carbuncle of kidney.
Wound infections

2. All cases of *clostridis infections:*

Gas gangrene
Malignant edema

3. All *hemolytic streptococcic infections* with bacteremia and all serious local infections:

Cellulitis
Mastoiditis with intra-cranial complications, *i.e.*, meningitis, sinus thrombosis, etc.
Pneumonia and empyema
Puerperal sepsis
Peritonitis

4. All *anaerobic streptococcic infections:*

Puerperal sepsis

5. All *pneumococcic infections* of

Meninges
Pleura
Endocardium
All cases of sulfonamide-resistant pneumococcic pneumonia

6. All *gonococcic infections* complicated by

Arthritis
Ophthalmia
Endocarditis
Peritonitis
Epididymitis
Also all cases of sulfonamide-resistant gonorrhea

INDICATIONS IN GROUP II

Penicillin has also been found to be an effective agent in the following diseases but its position has not been definitely defined:

1. Syphilis
2. Actinomycosis
3. Bacterial endocarditis

CONDITIONS IN GROUP III OF QUESTIONABLE VALUE

Penicillin is of questionable value in mixed infections of the peritoneum and liver in which the predominating organism is of the gram negative flora—i.e.:

1. Ruptured appendix
2. Liver abscesses
3. Urinary tract infections
4. It is also of questionable value in rat bite fever due to strepto-bacillus moniliformis.

GROUP IV CONDITIONS CONTRA-INDICATED

Penicillin is *contra-indicated* in the following cases because it is ineffective:

1. *All gram negative bacillary infections:*

Typhoid—Para-typhoid
Dysentery
E. Coli
H. influenza
B. Proteus
B. Pyocyaneous
Br. melitensis (undulent fever)
Tularemia
B. Friedlanders

2. Tuberculosis
3. Toxoplasmosis
4. Histoplasmosis
5. Acute rheumatic fever
6. Lupus erythematosus diffuse
7. Infectious mononucleosis
8. Pemphigus
9. Hodgkin's disease
10. Acute and chronic leukemia
11. Ulcerative colitis
12. Coccidioidomycosis
13. Malaria
14. Poliomyelitis
15. Blastomycosis
16. Non-specific iritis and uveitis
17. Moniliasis

TREATMENT OF INFECTIONS WITH PENICILLIN

The recommendations put forth in Dr. Keefer's report, based on the wide experience gained under varied conditions of use and purpose, follow:

METHOD OF PREPARING PENICILLIN FOR TREATMENT

Penicillin is supplied in ampoules of different sizes—25,000 units and 100,000 units each. Inasmuch as penicillin is extremely soluble, it may be dissolved in small amounts of sterile, distilled pyrogen-free water, or in sterile, normal saline solution. When large unit sizes are being used in hospitals, the contents of the ampoule should be dissolved in water or saline so that the final concentration is 5,000 units per cubic centimeter. This solution should be stored under aseptic precautions in the ice box, and made up freshly every day. Solutions for local or parenteral use may be diluted further, depending upon the concentration desired.

A. *For intravenous injection:*

1. The dry powder may be dissolved in sterile physiological salt solution in concentrations of 1,000-5,000 units per c.c. for direct injection through a syringe.

2. The dry powder may be dissolved in sterile saline or 5 per cent glucose solution in lower dilution (25-50 units per c.c.) for constant intravenous therapy.

B. *For intramuscular injection:*

1. The total volume of individual injections should be small, *i.e.*, 5,000 units per c.c. of physiological saline.

C. *For topical application:*

The powdered form of the sodium salt is irritating to wound surfaces and should not be used.

2. Solutions in physiological salt solution with a concentration of 250 units per c.c. are satisfactory. For resistant or more intense infections this concentration may be increased to 500 units per c.c.

METHODS OF ADMINISTRATION OF PENICILLIN

There are three common methods of administering penicillin—intravenous, intramuscular and topical. Subcutaneous injections are likely to be painful and should be avoided.

Repeated intramuscular injections may be tolerated less well than repeated or constant intravenous injections. In many cases, however, the intramuscular route may be the one of choice.

In the treatment of *meningitis*, *empyema*, and *surface burns of limited extent*, penicillin should be used topically, that is, injected directly into the subarachnoid space, into the pleural cavity, or applied locally in solution containing 250 units per c.c.

DOSAGE

The dosage of penicillin will vary from one patient to another depending on the type and severity of infection. In our experience recovery has followed in many serious infections following 40,000 to 50,000 Oxford units a day, in others 100,000 to 120,000 or even more is necessary. The objective in every case is to bring the infection under control as quickly as possible. The following recommendations are made at the present time with a full realization that revisions may be necessary as experience accumulates.

It is well to remember that penicillin is excreted rapidly in the urine so that following a single injection it is often impossible to detect it in the blood for a period longer than 2 to 4 hours. It is well, therefore, to use repeated intramuscular or intravenous injections every 3 or 4 hours, or to administer it as a continuous infusion.

A. *In serious infections with or without bacteremia* an initial dose of 15,000 or 20,000 Oxford units with continuing dosage as:

1. Constant intravenous injection of normal saline solution containing penicillin so that 2,000 to 5,000 Oxford units are delivered every hour, making a total of 48,000 to 120,000 units in a 24-hour period. One-half the total daily dose may be dissolved in a liter of normal saline solution and allowed to drip at the rate of 30 to 40 drops per minute.

2. If continuous intravenous drip is undesirable, then 10,000 to 20,000 units may be injected intramuscularly every 3 or 4 hours.

3. After the temperature has returned to normal the penicillin may be stopped and the course of the disease followed carefully.

B. *In chronically infected compound injuries, osteomyelitis, etc.*, the dosage schedule should be 5,000 units every two hours or 10,000 units every four hours parenterally with local treatment as indicated. This dosage schedule may have to be increased, depending upon the seriousness of the infection, and response to treatment.

C. *Sulfonamide-resistant gonorrhea:*

1. Ten thousand units every 3 hours intramuscularly or intravenously for 10 doses. It is not likely that the same effect may be obtained with 20,000 units every 3 hours for 5 doses. The minimum dosage has not been worked out completely. The results of treatment should be controlled by culture of exudate.

D. *Empyema:*

1. Penicillin in normal physiological saline solution should be injected directly into the empyema cavity after aspiration of pus or fluid. This should be done once or twice daily, using 30,000 or 40,000 units depending upon the size of the cavity, type of infection and number of organisms. Penicillin solutions should not be used for irrigation. It requires at least 6 to 8 hours for a maximum effect of penicillin.

E. *Meningitis:*

1. Penicillin does not penetrate the subarachnoid space in appreciable amounts, so that it is necessary to inject penicillin into the subarachnoid space or intracisternally in order to produce the desired effect. Ten thousand units diluted in physiological saline solution in a concentration of 1,000 units per c.c. should be injected once or twice daily, depending upon the clinical course and the presence of organisms.

* * * *

The above dosage schedules may require revision as increased experience is obtained. In many cases studied by accredited investigators, the above schedule has proved to be adequate.

CONCLUSION

The Office of Civilian Penicillin Distribution, War Production Board, requests medical practitioners employing penicillin to carefully observe the recommendations stated above as to indications, contra-indications, mode of administration and dosage in order to gain the maximum value and advantage from this new medicinal agent.*

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Nurses Needed for Wartime Work

Better prepared nurses to do a better wartime job—this is the aim of the new postgraduate scholarship summer programs for carefully selected graduate nurses announced by Dr. Thomas Parran, Surgeon General, U. S. Public Health Service. Among the courses included are workshops and institutes running only a few weeks in length, offered in many different colleges and universities throughout the country.

Since most of the summer courses are about to begin, hospital directors are urged to bring the scholarship program immediately to the attention of those nurses whom they consider best fitted for teaching, administrative or executive positions, or to help fill the shortages which also exist in public health nursing and other specialized fields. While any depletion of staff at this time is bound to impose a temporary hardship, the immediate and long range benefits to be gained are readily apparent. . . .

Recognizing the critical need for graduate nurses to fill key positions for which special preparation is required, Federal funds have been made available for these programs to encourage specially qualified nurses to continue their studies either on a full-time or part-time basis. Scholarships cover courses in institutions which have presented an approved plan. . . .

Nurses wishing to obtain postgraduate scholarships for either short or longer term courses should be advised to apply directly to institutions in which they are interested. A statement to the institution from the director of nurses approving the action will be helpful. . . .

A classified list of summer courses will be found in *Professional Nursing* for April (Nursing Information Bureau, 1790 Broadway, New York City). Public Health Nursing for April presents a descriptive list of courses for public health nurses, and information regarding all other courses may be found in the *American Journal of Nursing*, April and May, 1944.

Universities offering regular term postgraduate programs in nursing in California are:

State	*School*	*City*	*Code for Programs* [1]
California,	University of California	Berkeley	1, 3
California,	University of California	Los Angeles	1
California,	San Francisco College for Women	San Francisco	3

[1] Code for programs follows:

Programs of studies to prepare:

1. Public health nurses.
3. Personnel in schools of nursing and nursing services.

In most instances these programs are designed to prepare for dual functions where such are requested to fill particular positions, for example, clinical instructor in a school of nursing and supervisor of a clinical department in a hospital. The number of different programs offered by these institutions also varies.

Copies of Miss Petry's letter to graduate nurses may be secured from your State Nursing Council for War Service or your State Board of Nurse Examiners. No copies are being mailed direct to individual nurses since no comprehensive mailing list of graduate nurses is available.

The Individual Doctor and the Nurse Shortage

During recent weeks, the metropolitan press has given much notice to the subject of "nurse shortage" in hospitals. In the *Bulletin of the San Francisco County Medical Society*, M. E. M. contributed the following:

The problem of making the decreased available supply of nurses cover the essential need in the civilian hospitals of this city has been brought into sharp focus recently when units in some of our hospitals closed because nurses were not obtainable to staff them. This is a serious situation at a time when hospital beds are urgently needed in increasing, rather than decreasing, numbers.

Ways and means of coping with this dilemma are under consideration by the nurses, doctors and hospitals. Meanwhile, the situation can be greatly alleviated if *every individual physician* would take cognizance of its importance to the community and to himself, and lend a helping hand.

Special nursing care must be curtailed. The sharing of one special nurse by two or three patients should be planned, as few patients actually require a nurse's full-

* Additional copies of the above report may be had on request to the Professional Service Department, E. R. Squibb & Sons, 745 Fifth Avenue, New York 22, N. Y.

time attention. The patient's own doctor is the logical person to decide if special nursing care is essential and is also the proper and logical person to explain to his patient that luxury nursing is not available or justifiable in these times. Every physician should exercise the same judgment in ordering special nursing care as he should in advising other necessary medical treatment and should never consider such nursing as a convenient or palliative adjunct. Our nurses are too valuable to be expended as a convenience.

The physician only should be the one to request and dismiss a special nurse as a part of his prescription for the medical care of his patient, thus taking the matter out of the hands of well-meaning but overanxious or demanding relatives and friends. If each doctor would bear his own portion of the responsibility conscientiously, the problem would be well on toward a solution. Hospital committees to decide the necessity of special nursing in each case would be obviated. Perhaps such a committee might serve to arbitrate occasional cases or to substantiate a physician's stand when he deems special nursing unnecessary.

A doctor can frequently use his influence to bring graduate nurses who are not practicing their profession back to full-time or part-time nursing duty in this period of need and should take every opportunity to do so.

Staff nurses' time can be conserved in many ways by a little thoughtful consideration on the part of the visiting physician. And, braving infringement on the personal, it may be assuredly stated that it is not the grouchy or demanding that inspire the greatest effort toward efficiency and service. This applies equally to patients, doctors and nurses.

A sincere and constant effort along the above lines by every doctor practicing in this community would do a great deal to assure hospital beds and adequate nursing for patients who look to him for such care when they are ill.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Rural Medical Service Centers Urged at Farm Meeting

The hospital should be thought of as a medical service center rather than merely a custodial institution or dormitory, according to Frank J. Walter, Denver, president of the American Hospital Association, addressing a conference on "Medical Care and Health Services for Rural People" called by the Farm Foundation in Chicago. The foundation is a philanthropic organization devoted to the improvement of rural family health and welfare. Its meeting is summarized in the current issue of *Hospitals*, Journal of the American Hospital Association, by C. Rufus Rorem, Ph.D., director of the Hospital Service Plan Commission of the association.

Emphasis should be placed, Mr. Walter points out, according to Dr. Rorem's article, upon prevention, as well as the diagnosis and treatment of disease. Group practice of medicine should be encouraged in the interests of adequate service and reasonable economy, according to Mr. Walter.

"Prepayment plans (for hospital care should be fostered and developed to remove the burden of sickness costs from individuals and to stabilize the financing of a good hospital program," Dr. Rorem writes. "Care of the indigent should be integrated with services to the self-supporting population who must ultimately pay the entire bill. Hospital services should be coördinated regionally with the more expensive and highly specialized equipment in the more populous areas, with arrangements for convenient prompt service to hospitals with less complete equipment in the smaller towns and rural communities."

Spokesmen for the Farm Bureau indicated a desire to limit proposals for old age unemployment disability and medical care insurance to voluntary programs which are now in operation and which might be developed in the future, according to Dr. Rorem.

"Hospital administrators and trustees face a challenge and an opportunity to provide leadership in service to the rural areas of America," Dr. Rorem writes, "many of which are unfamiliar with the concept of the hospital as a community agency for complete health and medical care.

"There is a need for the hospitals and the Blue Cross plans to give more attention to health conservation and preventive medicine, if they are to play a significant rôle in a program of rural health, which is at once the foundation of America's wealth and the goal of those who cherish democratic methods and ideals."

Palo Alto's Hospital "Insurance" Plan

Attesting to the benefit enjoyed by local residents as a result of the municipal hospitalization "insurance" plan, by which Palo Altans confined to the city-owned institution are given a rebate of $2.50 a day for 21 days a year on their hospital bills, the record shows that in the past year the city treasury paid out a total of $29,594 in helping to reduce the bills of 1,739 individuals. The aggregate hospital days was 12,054, according to a tabulation by Louis Olsen, health officer.

About nine per cent of the local population was hospitalized last year for an average of seven days each. The average allowance for each case was $17.

These averages have remained about steady since inception of the special service in 1934, but the percentage of the population hospitalized has increased from a little over five per cent at the outset to nine per cent last year.

In the 119 months the plan has been in operation the city has paid $206,626 in hospitalization benefits, the health officer pointed out.

Approval Standards of Blue Cross Hospitals

Seventy-six Blue Cross plans approved during 1943 were reapproved for the year 1944 and two new Blue Cross plans received 1944 approval during a recent meeting of the American Hospital Association. Approval certificates are granted annually and are based upon the following standards:

1. Community and professional sponsorship;
2. Non-profit organization;
3. Free choice of hospital and physician;
4. Service guaranteed by hospitals;
5. Sound enrollment procedures;
6. Complete accounting records;
7. Adequate statistical data;
8. Sound financial condition;
9. Reasonable growth in coverage and membership;
10. Equitable payments to hospitals;
11. Dignified promotion and administration;
12. Hospital care everywhere;
13. Comprehensive hospital service;
14. No interference with professional relations; and
15. Policies consistent with public welfare.

Receipt of approval by a hospital service Plan meeting these standards permits use of the Seal of the American Hospital Association superimposed upon the Blue Cross.

Blue Cross Total Goal for 1944 is 18,000,000 Persons

Protection of American workers and their families against the cost of hospital care was extended to over 13,000,000 persons in 1943, when 2,600,000 additional

participants in the United States and Canada elected to enroll in Blue Cross Plans.

This figure is exclusive of 750,000 suspended contracts held by subscribers in the armed forces, who may renew protection upon their return to civilian life.

These facts were revealed by C. Rufus Rorem, director, Hospital Service Plan Commission, in his Annual Report of enrollment growth. Functioning as part of the American Hospital Association, the Commission coördinates the activities and approves the policies of 78 Blue Cross Plans located in 38 states and 7 Canadian provinces. These Plans are sponsored by 2600 "member-hospitals," and are available to more than 90 per cent of the population of the United States and Canada.

The proportion of family dependents enrolled has steadily increased, from 37 per cent in 1937 to the present 54 per cent, thus indicating a growing desire by commercial, agricultural, and industrial employees to protect their wives and children, as well as themselves. Blue Cross Plans have set as their goal for 1944 the voluntary enrollment of at least another 5,000,000 persons.

Year (January 1st)	*Total Participants*	*Subscribers*	*Family Participants*
1937	534,745	63%	37%
1938	1,364,975	60%	40%
1939	2,874,055	54%	46%
1940	4,431,772	55%	45%
1941	6,049,222	51%	49%
1942	8,456,265	48%	52%
1943	10,458,899	47%	53%
1944	13,005,493	46%	54%

Hospitals Exist For the People

A sick man needs service, not cash, when hospitalized. The only institutions which can provide this service are the hospitals, which are built, used, and supported by the people for this purpose. Blue Cross Plans are merely a method by which hospital facilities are made available to the public.

It is the contrast between service and cash which distinguishes Blue Cross Plans from commercial insurance, rather than the incidental feature of tax exemptions resulting from the non-profit status. A man's life or property belongs to himself, and private insurance can appropriately minimize the hazard of their loss. But serious sickness or accident requires service, the cost of which may exceed a man's past earnings or mortgage his future earnings.

The American hospital system includes more than 6,000 institutions, with a capacity of 1,400,000 beds and a capital investment of $3,500,000,000. These institutions serve in excess of 12,500,000 patients annually.

Ninety-five per cent of the capital investment in American hospitals has been provided through voluntary contributions and taxation, without expectation of return of the original investment or interest on the capital provided.

Hospitals are expected to serve all who need care regardless of their ability to pay. It is this distinguishing feature that makes the current expenses of hospitals a community responsibility and concern.

War Death Rate Decreases

Wounded soldiers died at the rate of 48 out of every hundred during the Crimean war 90 years ago, a mortality rate of almost 50 per cent.

Today's mortality rate among the wounded is but three per cent, according to Brig. Gen. James Simmons, chief of the preventive division of the Army Surgeon General's Office, while in the first world war it was 8 per cent.

Vastly improved hospital, nursing, and medical care are responsible for the marked decrease in the death rate, which went down even during the Crimean war following the introduction of modern hospital and nursing methods by Florence Nightingale, whose birthday anniversary May 12 is annually observed throughout the country as National Hospital Day.

The total number of nurses serving in the armed forces today has doubled over the number in the last war when 24,000 saw service as compared with more than 50,000 nurses in service today. During the Civil war only 3,214 nurses were in the armed forces.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Doctor Shortage

How Communities and Physicians May Secure Coöperation of United States Public Health Service

Public Law 216, enacted by the 78th Congress, Procides Three Months' Allowance Plus Transportation to Any Qualified Physician or Dentist Who Will Move to a Community Needing His Services, for One Year's Practice.

An opportunity exists today for any community with a doctor shortage to secure a needed physician or dentist. Doctors benefit, too, through the financial aid in moving to a new location.

This is the plan:

The U. S. Public Health Service will pay to a qualified physician or dentist, who will relocate his practice to a community needing his services, an allowance of $250 a month for 3 months, plus actual costs of travel and transportation of the doctor, his family, and household effects. Of the total, three-fourths is contributed by the Public Health Service and one-fourth by the community requesting the doctor.

Any physician or dentist who takes advantage of this plan is as free as any other private doctor. The only requirement is that he practice at least one year in the new location.

The sole function of the Public Health Service is to bring together the needy communities and the physicians and dentists volunteering to serve in needy areas.

What the Community Does

1. Any municipality, county, or other local government subdivision may apply for assistance. Application blanks are requested from the State Health Department.

2. A legally authorized representative of the community—such as the mayor, city manager, county judge—executes the formal application.

3. The community forwards the formal application with $300 to the State Health Department for approval. The State Health Department forwards the approved application and the $300 to the U. S. Public Health Service. The community's 25 per cent obligation will be about $300. If it exceeds $300, the community remits the balance, on request of the U. S. Public Health Service. If it is less, the excess will be refunded to the community.

What the Physician or Dentist Does

1. The physician or dentist must be admitted to practice by the State board of licensure having jurisdiction over the new location.

2. He secures from the U. S. Public Health Service a War Manpower "Application for Relocation." He executes this form and files it with the Chairman of his State Procurement and Assignment Service. If he is not

currently practicing, he files with the Chairman, State Procurement and Assignment Service, of any State in which he is admitted to practice. At the same time, he expresses his willingness to relocate under the provisions of Public Law 216.

3. When satisfactory arrangements have been concluded with an applicant community, the U. S. Public Health Service sends the doctor "Relocation Agreement" forms. The doctor executes his part of this agreement to practice for at least one year in the community specified as needing his services.

* * *

What the U. S. Public Health Service Does

1. The Public Health Service receives the community's application approved by the State Health Department.

2. The Service completes the "Relocation Agreement" with the physician or dentist who is willing to practice in that community and who has the necessary permit to practice.

3. The Public Health Service pays the travel and transportation costs. At the end of the first, second, and third months of practice in the new location, the Public Health Service pays the relocation allowance direct to the physician or dentist.

* * *

Further information may be secured by writing to: Federal Security Agency, U. S. Public Health Service, Washington, D. C., or to the California Department of Public Health, Phelan Building, San Francisco.

COMMITTEE ON MEDICAL ECONOMICS

Recommendations made by a joint meeting of representatives of the San Francisco County Medical Society and the Accident & Health Managers Association of San Francisco have been adopted tentatively by the International Claims Association. These recommendations look toward the reduction to a bare minimum of the *type of claims forms to be filled in by physicians* in cases where health or accident insurance is carried by the patient.

In the forms approved tentatively by the International Claims Association, only five questions are asked in cases where accident insurance is carried and only seven questions where sickness insurance is carried. These forms are intended to shorten and to standardize the paper work required of physicians in such cases. It is the intent in drawing up such forms that the physician will complete the short, standardized form for the benefit of the patient and will make no charge for so doing. However, where more detailed reports are required, the physician is at liberty to make a charge against the insurance company for the time involved in completing the longer form.

Acting on the approval already given locally and given in tentative form by the national claims organization, the San Francisco County Medical Society has printed copies of the new short forms for distribution to its members at cost. Other county medical societies interested in drawing up such forms may secure sample copies from the San Francisco County Medical Society at 2180 Washington St., San Francisco.

Engelmann's Disks.—In the realm of physiological science, Theodor Engelmann carried out a brilliant career. He was the assistant of Donders at the Utrecht Physiologic Laboratory, and the successor of du Bois-Reymond in Berlin. Perhaps most outstanding among his investigations are the subtler relations subsisting between nerve and muscle, the electric phenomena of nerve and muscle, and the development of pseudo-electric organs.—Warner's *Calendar of Medical History.*

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (63)

Contra Costa County (1)

Monteverde, Whitten C., *Pittsburg*

Fresno County (6)

Goodman, Leo, *Fresno*
Burg, Fred A., *Sanger*
Bristow, David A., *Sanger*
Hildebrand, Edward E., *Fresno*
Levinsohn, Max, *Fresno*
Liu, Flora S. T., *Fresno*

Imperial County (3)

Cole, George M., *Brawley*
Hubbell, Miriam, *El Centro*
Reiger, Norbert I., *Brawley*

Inyo-Mono County (1)

Steck, Kenneth R., *Independence*

Los Angeles County (39)

Aland, Albert Harold, *West Los Angeles*
Albaugh, Clarence J., *Los Angeles*
Ames, Edward S., *Los Angeles*
Barrett, Ralph R., *Huntington Park*
Berns, Robert S., *Beverly Hills*
Bradshaw, Frederick Joseph, *Glendale*
Bray, Helen E., *Pasadena*
Bissell, Franklin E., *Los Angeles*
Bowes, Roy R., *National City*
Brophy, John Robert, *Pasadena*
Cherry, Clifford B., *Los Angeles*
Cooperman, Harold O., *Beverly Hills*
Dawson, W. A., *Long Beach*
Fisher, Katherine C., *Alhambra*
Flude, John M., *Long Beach*
Gallivan, Thomas H., *Long Beach*
Hummer, George John, *Los Angeles*
Ireland, Robert McLeod, *Los Angeles*
Kalionzes, Constantine P., *Los Angeles*
King, Zerah Putnam, *Los Angeles*
Laurion, Lester V., *Beverly Hills*
Lutz, Gustav A., *Glendale*
Marmorston, Jessie, *Los Angeles*
Mattison, George, *Glendale*
McMeekin, Hugh R., *Lynwood*
Murphy, Lyle F., *Compton*
Norene, Robert A., *Los Angeles*
Parker, Elizabeth Bowen, *Los Angeles*
Parrett, Virgil, *Los Angeles*
Pavich, Slava, *Los Angeles*
Paxton, Frank Fox, *Glendale*
Pollock, Franklyn J., *Los Angeles*
Risser, Edward Daniel, *Pasadena*
Root, James Edwin, Jr., *Long Beach*
Smith, Cecil J., *Pasadena*
Waniata, George, *Los Angeles*
Werner, Samuel, *Bellflower*
Wilkinson, Herbert E., *Inglewood*
Wind, Emil, *Los Angeles*

Merced County (1)

Montgomery, Robert Clyde, *Atwater*

San Bernardino County (1)

Hodges, Gordon W., *San Bernardino*

San Diego County (1)

Adams, William T., *San Diego*

† For roster of officers of component county medical societies, see page 4 in front advertising section.

San Francisco County (8)

Bickel, Elsa F., *San Francisco*
Butler, Edmund D., *San Francisco*
Duvall, Hunter W., *San Francisco*
Ellis, Robly N., *San Francisco*
Hagge, Naomi Ebba, *San Francisco*
Harrison, William T., *San Francisco*
Rickard, John F., *Berkeley*
Staehr, Ernest R., *San Francisco*

San Mateo County (2)

Lindsay, Stuart, *San Mateo*
Voris, Albert T., *Belmont*

Transfers (12)

Betensen, Thomas E., from Fresno County to Los Angeles County.
Noland, Roy F., from San Benito County to Los Angeles County.
Osorio, Vasco E. M., from Contra Costa County to Alameda County.
Pelka, Karl Frederick, from San Bernardino County to Los Angeles County.
Pennes, Alexander E., from San Francisco County to Orange County.
Reynolds, William J., from Marin County to Fresno County.
Rogers, A. T., from Los Angeles County to Tulare County.
Smith, Katherine C., from Los Angeles County to San Mateo County.
Stuart, Clyde George, from Merced County to Los Angeles County.
Telford, J. W., from Inyo-Mono County to San Diego County.
Wheeler, Dorothy F., from Fresno County to San Francisco County.
Winter, William G., from Santa Barbara County to Fresno County.

Resignations (4)

Eichwald, Max., *Alameda County*
Gardner, Willis Morton, *Los Angeles County*
Stricker, Robert L., *Los Angeles County*
Stroud, John Daniel, *Los Angeles County*

Retired Members (5)

Berge, F. Emil, *Los Angeles County*
Brown, John R., *Los Angeles County*
Dutton, May L., *San Francisco County*
Hoskins, Greg, *Los Angeles County*
Walter, Frederick Jerome, *San Diego County*

In Memoriam

Alderson, Vernon George. Died at Oakland, April 24, 1944, age 53. Graduate of the Hahnemann Medical College of the Pacific, San Francisco, 1918. Licensed in California in 1918. Doctor Alderson was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✣

Bourbon, Oliver Preston. Died at Los Angeles, April 25, 1944, age 80. Graduate of the Southwest School of Medicine and Hospital, Kansas City, Missouri, 1908. Licensed in California in 1923. Doctor Bourbon was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

Burton, Frank Albert. Died at San Diego, April 25, 1944, age 72. Graduate of the Denver College of Physicians and Surgeons, Colorado, 1904. Licensed in California in 1913. Doctor Burton was a member of the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✣

Curtin, Edward Draper. (Lieutenant, j.g.) United States Navy, Medical Corps. Died at an exposed location recently in the South Pacific, age 29. Graduate of Stanford University School of Medicine, 1941. Licensed in California in 1941. Doctor Curtin was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✣

Drennan, Pauline Glaser. Died at Oakland, April 14, 1944, age 61. Graduate of the Cooper Medical College, San Francisco, 1904. Licensed in California in 1904. Doctor Drennan was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✣

Hunter, Paul Mallers. Died at Pasadena, April 28, 1944, age 53. Graduate of the Chicago College of Medicine and Surgery, Illinois, 1917. Licensed in California in 1919. Doctor Hunter was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✣

Pitts, Eugene H. Died at Sacramento, May 1, 1944, age 73. Graduate of the Chattanooga Medical College, Tennessee, 1900. Licensed in California in 1901. Doctor Pitts was a member of the Sacramento Society for Medical Improvement, the California Medical Association, and a Fellow of the American Medical Association.

✣

Ward, Edward Kirby. Died at Oakland, April 26, 1944, age 73. Graduate of the College of Physicians and Surgeons of San Francisco, 1902. Licensed in California in 1908. Doctor Ward was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✣

OBITUARY

Ethel Leonard
1871—1944

Dr. Ethel Leonard died in the Staten Island Hospital on April 12, 1944. She was a graduate of the University of Southern California, receiving the degree of M. D. in 1902 and B. S. in 1903. From 1904 to 1907 she was city bacteriologist of Los Angeles, and from 1911 to 1915 was autopsy surgeon at the General Hospital. From 1907 to 1913 she was pathologist to the California Hospital, and from 1910 to 1914 was school physician to the city schools.

In 1917 Dr. Leonard went to China, and though the usual language study period is two years, she acquired proficiency in seven months. For her first three years in China she was resident in general medicine in the Woman's Methodist Hospital in Peking, and in 1917 and 1918 she was a teacher with the Rockefeller Foundation.

After fifteen years in China, Dr. Leonard returned to Los Angeles, and practiced there from 1932 until 1941. In 1941 her brother, Hugh, living on Staten Island, New

York, persuaded her to retire and make her home with him. Her active spirit belied the seventy years of her chronologic age, and she could not be content to stay retired when there was a need for doctors. She obtained a New York license and began an intensive study of anesthesia, which led her to becoming the resident anesthetist at the Staten Island Hospital.

It was Dr. Leonard's desire that her body be dedicated to medical research. The *Staten Island Advance*, commenting editorially on her fine service to the community, remarked that she sought to aid humanity even after her death.

A dynamic personality with a rare gift for friendship, Dr. Leonard died at the age of 73 while still very much on the upgrade, happy in the process of qualifying for certification in a specialty relatively new to her.

RAMSAY SPILLMAN, M. D.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION

Salutation to C.M.A. Auxiliary Members: From Incoming President Eusden

The Members of the Auxiliary to the California Medical Association, Addressed:

At this first opportunity that has come to me since the Woman's Auxiliary held its 15th annual session in Los Angeles, I wish as your President, to extend greetings and good wishes to each one of you, assure you of my deep appreciation of the honor that you have conferred upon me, and state my intention to devote myself to the best of my ability to the welfare and interest of the Auxiliary.

The opportunities of today lie rich before us. Throughout the entire history of the world there has never been a period so fraught with similar opportunity and responsibility.

During the past several years, medicine has made strides forward such as have never been known before. The story of American Medicine and its accomplishments has never been adequately told to the American public. It is our obligation to acquaint the public with these improvements and discoveries.

"Organized Medicine" does not mean nor is synonymous with "political medicine." It means, rather, the organization of medical schools, supervision of medical education, direction of hospital staffs, search for and examination of new drugs and therapeutic appliances. These are only a few of the many services "Organized Medicine" renders daily and of which the public is often unaware. In a word, the development and maintenance of a high standard of medical service and an effective public relations policy is the goal of modern medicine. Could all these objectives be given to the public without an organization to promote it? Therefore, as part of "Organized Medicine," it is our obligation to acquaint the public with these facts, improvements and discoveries.

The doctors in the Armed Forces are doing a glorious piece of work, with the result that the military death rate from all diseases is just one twenty-fifth of the rate of 1918. Let us keep in mind, that these men went from civil life and were previously giving to their communities the same high type of medical service. Did these communities appreciate these Doctors of Medicine and what they were giving to the health of their communities? Probably not, and yet they were rendering the same high grade of practice in their communities; the only difference being that it was less spectacular and went unnoticed. Let us be informed so that doctors may be given the high praise they so deserve.

I hope the word *"service"* may express the keynote of this year's work. Our Auxiliary body is without parallel in its opportunity to serve, not only the medical profession but all mankind in the bringing about that great asset *good health*. As an Auxiliary we strive to uphold the dignity and honor of traditional medicine. I know of no greater service than to release the truth about medicine and medical practice. However, in all our activities we must remember we are an auxiliary and must act officially only with the approval of our respective advisory councils in all matters of procedure.

The war has brought opportunity for broader service for the doctor's wife. We find our members active in every war participation program. Not all can participate to the same extent. The wife of the Service Doctor is contributing a tremendous service. Is she receiving the attention she should from other doctors' families? She is our paramount responsibility while her husband is away.

As wives of doctors, and as an auxiliary we must continue to do the things we stand for as an Auxiliary, and work for health education, *Hygeia,* public relations, war participation, etc. While 100 per cent participation in these activities by all of our groups would be the ideal goal, we are cognizant of the fact that the difference in number of members must entail a corresponding difference in the program attempted and the results obtained. We can only hope that you will undertake as many of our projects as your membership and resources will permit. Proposed programs of activities may seem overwhelming to our smaller and newer Auxiliaries, while to the larger ones it may mean only following along the lines they have pursued for many years. While we wish to furnish our larger groups with the impetus commensurate with their abilities and memberships, at the same time we do not desire to discourage the smaller groups that are unable to undertake all we suggest.

With my faith and confidence in you, I look forward to a year of service and progress, and earnestly seek your council and advise toward that end. For, however, good may be the efforts and intentions of elected officers, the accomplishments of the Auxiliary depend upon the willingness of each individual member to do her part.

MRS. RALPH EUSDEN, *President.*

Woman's Auxiliary to the California Medical Association: The Story of Last Year's Work

Address Given at the First General Meeting of the 73rd Annual Session of the California Medical Association. Address of Retiring President.

The privilege of appearing before you at your first meeting of the 73rd Annual Session of the California Medical Association is considered an honor by the Woman's Auxiliary, as it gives us the opportunity to report to you the progress we have made during the past twelve months.

First, I should like to express the appreciation of the Auxiliary to the Advisory Board for their help and consideration and especially to Dr. George H. Kress, who has been most kind and helpful in all our problems.

Just fifteen years ago tomorrow, Dr. William Duffield, at the request of the Medical Association, called together a group of Doctors' wives who were present at the State Convention at Coronado, and presented the proposed plan of an Auxiliary and the opportunities for service which such an organization would offer. Those present caught the vision of service and then and there, by those present, was organized the Woman's Auxiliary to the California Medical Association. Under the capable

leadership of Mrs. Henry Rogers, nine counties were organized, with a membership of over 500, before time for the next convention.*

Today, after fifteen years of existence, the last two of which have been years of war, with the shifting of medical personnel and the prevailing unrest, we have a paid membership of 1,708. We have lost 166 members whose husbands are in the Service and 225 regular members, but we have gained 126 new members and had 116 renewals which brings our loss to 149. The counties have 115 associate members who pay dues to the county but not the State, so they cannot be counted. We have lost five by death. Many of our members have left the State to be with their husbands who are in Service and have failed to maintain conduct with their home Auxiliaries, but their loss has been partially compensated for by the addition to our membership of others who have been transferred to California.

Our efforts have been expended in strengthening the Auxiliaries we already have rather than in trying to organize new counties in these times. Our aim has been to keep every member an active member. We have not entirely succeeded in this, as we have lost one small Auxiliary whose membership has been depleted by changes of personnel.

The two main objectives of the organization have always been (1) to extend the aims of the medical profession to all organizations which look to the advancement of health and health education, and (2) to promote acquaintance among physicians' families that fellowship may increase. Since the present emergency we have added another, which can best be summed up under the heading of "service."

How we have lived up to these ideals can best be told by giving some of the high-lights of our accomplishments.

We believe that to be able to interpret the aims of the medical profession to any other organization we must first be informed ourselves. Consequently, the majority of all Auxiliary programs this past year have been educational.

Some Auxiliaries have sponsored public meetings—one on "Cancer Control," which was attended by 900. Another furnished speakers for lay groups on a local Public Health problem. Still another sponsored a luncheon which was attended by three hundred, with Mrs. Earl Warren and the Auxiliary President as honored guests.

Perhaps the most efficient way in which we carry out our first objective is by the membership of our women in other organizations where their influence for good medicine is felt in a quiet but forceful manner.

Our second objective, that of friendship, has manifested itself in nearly as many ways as there are members, but chief among them have been the social contacts with the medical associations, the courtesies extended to the wives of the Doctors in the armed forces by inviting them to meet with and join the Auxiliary, and teas, luncheons and dinners in their honor.

Our most outstanding achievements have been under the heading of "service." This is as it should be when the needs are so great. The membership of the various Auxiliaries ranges from 5 to 542, so, of necessity, their projects and accomplishments have been equally varied.

I shall not attempt to enumerate all of these, but will give you some of the high-lights from the reports that have come to me.

It is impossible to even estimate the number of hours given to Red Cross work, as practically every member gives as much time as possible, and no record of their hours is kept in most of the Auxiliaries; one County maintaining its own Red Cross rooms in the County Medical Building, reported 32,000 hours of service in six months' time. Another County, not quite so large, reports 1,000 hours per month. One County serves one day a month at the Hospitality House and during the past year has given, prepared and served between 8,100 and 10,000 meals for service men.

Besides those who have assisted in every type of war work, many of our members have carried a heavy load of responsibility as leaders. Some have been heads of War Chest Drives, Instructors of Nurses' Aides, Heads of Surgical Dressing Units, Chairmen of Ration Boards, Instructors in First Aid; we have assisted at Well Baby Clinics, worked in T. B. seal sales, sold Bonds, been members of motor corps and taken an active part in P.T.A. organizations. We are represented on such boards as the Woman's Council, Better Films Board, Nurses' Council, T. B. Board, League of Women Voters, and others.

One Auxiliary has given 10,033 hours of service in connection with the Blood Bank, which is sponsored by the County Medical Society. Solano County has operated its own Bank for about three years, in close cooperation with the Medical Society.

Several Counties have completely furnished "Day Rooms" at near-by Army camps. Others have made lap robes for the Army Hospitals.

Our *Hygeia* subscription list has increased 33 per cent over last year. The aim was to place the authentic information in this magazine in every U.S.O. and camp library, and in the libraries of every high school and college.

Most of the counties reported taking some part in the Cancer Control program.

The recruiting for the Nurse Cadet Corps has been promoted by the Committee on War Participation.

Three counties furnish a scholarship fund for medical and premedical students. Several counties have reported that Auxiliary members who were trained nurses have returned to their profession to relieve the acute shortage in local hospitals. While this is not a project in which the Auxiliary can participate as a whole, it certainly spells "service" with capital letters.

One of our projects this year has been the raising of money for the Medical Benevolence Fund. Each county has set its own goal and raised the money by whatever method seemed best to them.

Los Angles County has donated $300.00 to their local Physicians' Aid, but the other counties wish their money to go to the Medical Association's Fund. I am happy to be able at this time to present to you, Dr. Schaupp, a check for $1,041.58 for the Benevolent Fund of the California Medical Association.

Mrs. C. C. Landis, *Retiring President.*

* Historical Note. On April 29, 1928, when the California Medical Association held its annual session in Sacramento, under the presidency of the late Percy T. Phillips, the Woman's Auxiliary of California may be said to have been conceived. At that meeting, Mrs. John O. McReynolds of Texas, president of the Woman's Auxiliary to the American Medical Association, appeared before the C.M.A. Council and made a plea for the organization of a California Auxiliary. The subject had been previously discussed in the C.M.A. Council for several years, but a reluctance to proceed with such an experiment had prevented action. In Sacramento, it was voted to authorize the formation of an Auxiliary for California and a special committee, consisting of Dr. George H. Kress, Dr. Edward M. Pallette, and Mr. Hartley F. Peart, was appointed to draft a plan and guidance rules and regulations for the proposed California Auxiliary. The blue print of an organization plan was drawn up by Dr. Kress and on its submittal to the Council on April 28, 1928, was approved at the annual session held in 1929 in Coronado; and to the late William Duffield of Los Angeles was given the privilege of inviting the group who formally organized the State Auxiliary.

CALIFORNIA PHYSICIANS' SERVICE†

C.P.S. at Recent C.M.A. Annual Session

Many very significant things related to California Physicians' Service took place at the recent meeting of the California Medical Association at Los Angeles.

The outstanding new development was the change in the method of election of Administrative Members of C.P.S. It is to be remembered that the Administrative Members of C.P.S. are the body which elects the Board of Trustees. In the past, two Administrative Members were elected by the professional members in 21 districts. During these years, great difficulty was experienced in making this an effective group to deal with the affairs of C.P.S. Since the Administrative Members were the contact with the profession at large, this weak link had a great deal to do with the lack of proper understanding of C.P.S. throughout the state. Also, by reason of its inaction, it left the Board of Trustees, that was originally elected, to continue on from year to year. This brought forth the justified criticism of a good number of the profession, that the Board of Trustees as then constituted was becoming a self-perpetuating group.

The Board of Trustees of C.P.S. itself was well aware of the situation, and from time to time tried to seek ways of rotating the vacancies that occurred on the board with new interested members of the profession. The answer was arrived at by the Council of the California Medical Association, which submitted a proposal to C.P.S. that the House of Delegates of the C.M.A. be automatically the Administrative Members, and that this body would then have the power to elect trustees. The C.P.S. Board of Trustees agreed to this, and certain changes in the articles of incorporation and by-laws were put into effect in sufficient time for this meeting, to allow the House of Delegates to legally sit as Administrative Members of C.P.S.

At the recent session, the House of Delegates recessed as such, and took up their first new duty as Administrative Members, with Dr. Ray Lyman Wilbur presiding, as president of the board. The order of business was to fill eight vacancies that had developed on the Board of Trustees. A nominating committee was appointed by Dr. Wilbur, which consisted of Edwin L. Bruck of San Francisco, Dewey R. Powell of Stockton and J. J. Crane of Los Angeles. This committee was to hear proposals and to discuss any resolutions that had to do with the affairs of C.P.S., in much the same manner that the usual Reference Committee of the C.M.A. operates.

On the following day, the committee brought in eight new candidates, who were as follows:

For terms to expire at Annual Meeting—1946: Rt Rev. Thomas J. O'Dwyer, Los Angeles; Chester L. Cooley, M. D., San Francisco; A. E. Moore, M. D., San Diego.

For terms to expire at Annual Meeting—1947: C. Glenn Curtis, M. D., Orange County; C. L. Mulfinger, M. D., Los Angeles; Fletcher B. Taylor, M. D., Oakland; P. K. Gilman, M. D., San Francisco; H. Randall Madeley, M. D., Vallejo.

These were unanimously elected to become members of the new Board of Trustees, to serve along with Dr. Wilbur, Glenn Myers and T. Henshaw Kelly, whose terms have not yet expired.

It is felt by both members of C.P.S. and the C.M.A. that this is a very forward step in bringing C.P.S. closer to the medical profession. It puts a new responsibility indirectly upon the medical profession, since there is now the power of the House of Delegates behind any action that C.P.S. might take. It also puts a definite responsibility on the profession as a whole to achieve certain goals that C.P.S. must reach if it is to be regarded as successful. The past five years of C.P.S. activity were of such a nature that it was able, in a sense, to deliver to the House of Delegates a workable organization.

The one chief objective that is now necessary is volume of business, and to this end two things are evident: first, to keep the business we already have; second, to acquire new groups. Physicians themselves can be of great assistance in helping our acquisition staff achieve this, by a good word here and there, especially in relation to the patients who are now C.P.S. beneficiaries, and to new groups and businessmen who may ask your advice regarding to participation of their firms in the benefits of C.P.S.

ALBERT E. LARSEN, *Medical Director.*

Transcript of Proceedings of Meetings of Administrative Members of California Physicians' Service, held during C.M.A. Annual Session in Los Angeles, May 7-8, appear in this issue on page 329.

Diseases Reportable in California

Conditions Required to be Reported in the Several States," by William Fowler, United States Public Health Service, and appearing in "Public Health Reports" for March 10, 1944, states:

"The laws and regulations of the State health departments of all of the States and of Alaska, the District of Columbia, Hawaii, and Puerto Rico have been examined to ascertain the diseases and conditions which are required to be reported, with special reference to communicable and occupational diseases. The data are presented in two ways . . . Following this there is given under each State information showing the diseases which are reportable in that State . . ."

California.—Amebiasis (amebic dysentery), anthrax, botulism, chancroid, chickenpox (varicella), cholera (Asiatic), coccidioidal granuloma, conjunctivities (acute infections of the newborn—ophthalmia neonatorum), dengue, diphtheria, dysentery (bacillary), encephalitis (infectious), epidemic diarrhea of the newborn, epilepsy, food poisoning, German measles (rubella), glanders, gonococcus infection, granuloma inguinale, influenza (epidemic), malaria, measles (rubeola), meningitis (meningococcic), mumps (parotitis), paratyphoid fever (A and B), plague,

"What helps the individual patient most is to be taken as the best treatment, for him, whether it be possible or not to analyze its action in every detail."—*Wenckebach.*

Bond's Splint.—As a lithotomist, Thomas Bond is well remembered. Though a Doctor Jones of New York has been credited with the first lithotomy in America, there are those who believe that honors should really go to Bond. He is known to have performed this operation as early as 1756 in the Pennsylvania Hospital. Of the surgical appliances he devised, the one most readily recalled is the so-called Bond's splint.—Warner's *Calendar of Medical History.*

Colles's Fracture.—It is interesting to learn that the article by Colles on the common wrist fracture known by his name is a model of concise medical writing, containing only 1,528 words. Since Colles, in his time, worked without benefit of x-rays, his clearly written and thorough description bears testimony to his keen clinical observation. Equal in importance to this original work is the one in which he states "Colles's Law."—Warner's *Calendar of Medical History.*

San Francisco Medical Ethics in 1868

Your Associate Editor of the *"Bulletin of the San Francisco County Medical Society,"* in poring over some of the San Francisco County Medical Society's old records, came across the Code of Medical Ethics adopted in 1868. An interesting excerpt is printed below:

Article II

Obligations of Patients to Their Physicians

1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require, that their patients should entertain a just sense of the duties which they owe to their medical attendants.

2. The first duty of a patient is to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly, the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

3. Patients should prefer a physician whose habits of life are regular, and who is not devoted to company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habit, and predispositions, of those he attends, is more likely to be successful in his treatment than one who does not possess that knowledge.

A patient who has thus selected his physician, should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the common occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude upon his physician the details of his business, nor the history of his family concerns.

6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness, to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever, that may be recommended to them by the self-constituted doctors and doctresses, who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may appear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

9. Patients should always, when practicable, send for their physician in the morning, before his usual hours of going out; for, by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.—*"Bulletin" of San Francisco County Medical Society.*

MEDICAL EPONYM

Pandy Reaction

The paper "Über eine neue Eiweissprobe für die Cerebrospinalflüssigkeit [A New Albumin Test for the Cerebrospinal Fluid]" by Kalman Pandy (b. 1868) appears in the *Neurologisches Centralblatt* (29:915-919, 1910). A portion of the translation follows:

"This test consists in adding a drop of cerebrospinal fluid to about 1 cc. of concentrated carbolic acid (1 part carbolic acid crystals plus 15 parts of distilled water). Wherever the two fluids come in mutual contact there appears after a few seconds a bluish white turbidity resembling a cloud of smoke—an indication that in the fluid in question there are easily precipitable proteins (globulins) in pathological quantity."—R. W. B. in *New England Journal of Medicine.*

I shall continue unabated on the same path that I have trod all my life for the cause of liberty, liberty that, in my opinion, is the only orthodoxy within the limits of which art may express itself and flourish freely—liberty that is the best of all things in the life of man, if it is all one with wisdom and virtue.—Arturo Toscanini.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association. Session will convene in Los Angeles. Dates of the seventy-fourth annual session, to be held in 1945: Sunday, Monday, May 6-7.

American Medical Association. Sessions will be held in Chicago on June 12-16, 1944.

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays:

KFAC presents the Saturday program at 10:15 a. m., under the title, "Your Doctor and You."

In May, KFAC will present these broadcasts on the dates of June 3, 10, 17, and 24.

The Saturday broadcasts of KFI are given at 9:45 a. m., under the title, "The Road of Health."

"Doctors at War":

Radio broadcasts of "Doctors at War" by the American Medical Association, in coöperation with the National Broadcasting Company and the Medical Departments of the United States Army and the United States Navy, are on the air each Saturday at 2 p. m., Pacific War Time. Series commenced on January 8, 1944, will run for twenty-six weeks.

Pharmacological Items of Potential Interest to Clinicians*:

1. *Health Services:* Department of Health for Scotland issues brochure on *National Health Service* (London, 1944) with emphasis on general practitioner service. In New Zealand A. Bush & Co., with D. Robb, discuss *A National Health Service* (Wellington, 1943) with emphasis on community medical centers feeding polyclinics which in turn feed hospitals. How about our individualists discussing retainer fee practice?

2. *Again some books:* Grune & Stratton announce B. Dattner's *Management of Neurosyphilis* (N. Y., 1944), and also S. J. Beck's *Rorschach's Test* (2 vols., N. Y., 1944). I. A. Abt recalls his past pleasantly in *Baby Doctor* (N. Y., 1944). Columbia Univ. Press issues F. Schrader's *Mitosis*, J. K. Hall's *100 Years of American Psychiatry*, and C. P. Oberndorf's intriguing *Psychiatric Novels of Oliver Wendell Holmes* (all N. Y., 1944). Putnam's publish O. Floyd's *Doctora in Mexico* (N. Y., 1944). Ronald Press issues *Personality and Behavior Disorders*, edited by J. M. Hunt (2 vols., N. Y., 1944). Asa Chandler's *Ester's Digest* rates a reprinting (Farrar, N. Y., 1944). Univ. of Texas Press issues H. Leipziger's *Architectonic City in the Americas*, containing a plea for environmental physiology and hygiene (Austin, 1944). B. Kisch monographs *Strophanthin* (N. Y., 1944). *Annual Review of Physiology* (Stamford, 1944) is usual "must" with versified preface, and new dope on neoplastic growth (J. Furth), energy metabolism (M. Kleiber), skin (S. Rothman and P. Flesch), liver and bile (L. A. Crandall), kidney (E. Braun-Menendez), vision (F. Weymouth), physiological psychology (W. Freeman and J. W. Watts) and industrial physiology (E. Simonson). *Annual Review of Biochemistry* is due in June with new material on fungi (E. Tatum) and histochemistry (D. Glick).

3. *Physical Therapy:* Watch for important consequences from impending Baruch Committee Report. P. Bauwens discusses electrodiagnostic interpretations in nerve lesions (*Brit. J. Phys. Med. Indust. Hyg.*, 7:2, 1944). H. Burt offers advice on low back pain prevention and treatment (*Ibid.*, p. 7). M. E. Pusitz and I. E. Thompson describe successful physical therapy in compression fracture of spine (*Physiotherap. Rev.*, 24:51, 1944). Galveston's preëminence in health work explained, you noted, in its thalassotherapeutic advantages (C. I. Singer and K. Phillips, *JAMA* 124:1128, Apr. 15, 1944).

4. *Chemotherapy:* G. J. Martin reviews acridine antiseptics (*Medicine*, 23:79, 1944). E. M. Osborn finds antibiotics in fresh green Ranunculaceae, especially Anemone apennina, Clematic recta and Helleborus viridis (*Brit. J. Exp. Path.*, 24:227, Dec., 1943). Excellent review with bibliography of penicillin by E. Chain and H. W. Florey (*Endeavor*, 3: No. 9, 3, 1944). J. T. Culbertson and H. M. Rose find stibamine glucoside useful in experimental rat filariasis (*Science*, 99:245, Mch. 24, 1944). O. L. Peterson finds toluidine blue effective against mice typhus (*Proc. Soc. Exp. Biol. Med.*, 55:155, 1944).

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged.

* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

W. B. Dunham & Co. show in vitro action of penicillin vs. Treponema pallidum and that inadequate therapy produces resistant strains (*Ibid.*, p. 158).

5. *Etc.:* Lots of fine neurophysiology in Fasc. 4, vol. 1, *Helvetica Physiol., Pharmacol. Acta*, especially M. Monnier on brain-stem topography, S. Burgi on Substantia reticularis, and W. R. Hess on coördination. B. H. Fobbins succeeds in producing experimental cataract with dinitrophenol (*J. Pharmacol.*, 80:264, 1944). R. A. Izzo and A. D. Marenzi show relation of kidneys and protein to blood lipids (*Rev. Soc. Argentina Biol.*, 19:547, 576, Dec., 1943). C. P. Leblond shows thiourea increases resistance to anoxia by depression of thyroid (*Proc. Soc. Exp. Biol. Med.*, 55:114, 1944). How about giving to fliers? W. B. Beveridge and F. M. Burnet describe cutaneous reaction to influenza virus (*Med. J. Australia*, 31:85, Jan. 29, 1944). M. H. Sloan and E. Shorr indicate physiology of remission in Graves disease caused by thiouracil (*Science*, 99:305, Apr. 14, 1944). S. F. Cook describes conflict between California Indian and white civilization (*Univ. Calif. Publ. Ibero-Americana*, No. 21-24, 1944). W. MacNider shows structural stabilization with aging in adaptation to injury (*Proc. Soc. Exp. Biol. Med.*, 55:226, 1944). E. A. Brown offers index of commercial mixtures for asthma (*Ann. Allergy*, 2:29, 1944). F. R. Edwards notes successful despeciated bovine serum substitute for human plasma (*Brit. Med. J.*, 1:73, Jan. 15, 1944). Jan. 1944 issue *Journ. Mental Science* is special number surveying recent progress in psychiatry.

Rockefeller Foundation's Annual Report.—The Rockefeller Foundation *Review for 1943* includes an unusually interesting account of the beginnings of research leading to the discovery and therapeutic use of penicillin, "whose potentialities seem to be greater than its present extraordinary achievements," the report says. Up to the present time all of the penicillin produced in this country has been under the control of a committee of the National Research Council. Meantime, the Foundation is continuing to support penicillin research with the present goal of synthetic reconstruction. The Foundation believes that promising work in this direction is going forward in several laboratories in this country and in England.

As part of its contributions to pure research and studies of practical application the Foundation expended in the past year $1,529,000 in the field of medical sciences; $2,450,000 was expended by the International Health Division for public health; and $250,000 for special war, refugee, and other emergency conditions.

National Birth Rate Shows Rapid Decline.—The birth rate, already past its wartime peak, is rapidly declining and will fall until the war ends, perhaps reducing the 1943 record crop of 3,000,000 babies to about 2,100,000 yearly, according to Wilson H. Grabill, Census Bureau analyst.

Babies born at that rate will not replace the population, Grabill, a deaf-mute, said in a paper read for him at a joint meeting of the American Statistical Association and the Institute of Mathematical Statistics.

The wartime peak in the birth rate was reached in January, 1943, when 105 births per 1000 women of childbearing age occurred, he said. By March, 1944, however, the rate had declined to 85.6 per 1000 women and by November will be down to 75.

Relocated Doctors.—Small communities throughout the country are complaining that the figures of the War Man-power Commission as to the number of physicians relocated under a federal subsidy plan are incorrect. The Commission announced 2,955 physicians have been relocated in areas where they are badly needed. The United States Public Health Service, however, has record of only 13 relocations in the accepted understanding of the term. The Man-power Commission's figures, it now develops, included those who moved from street to street and only a few miles.

Wanted: Physicians.—By the Los Angeles County Civil Service Commission.—Anesthetists, M. D. and Physicians, M. D. (Tuberculosis) are being sought by the Los Angeles County Civil Service Commission for positions in the County General Hospital and other County institutions. Also Dental Interne, and a Consulting Psychiatrist.

These positions, paying $290.00 to $344.00 a month, are open for permanent appointment to physicians who are not over 55 years of age. There is no maximum age limit for temporary appointments.

No experience is required for these positions but candidates must have graduated with an M. D. degree from an approved medical school and must have completed at least a nine months' internship in an approved hospital.

Applications for the Physician, M. D., positions must be filed on or before Saturday, June 24, 1944. Applications for the Anesthetist position must be filed before July 1, 1944.

Applications and full information regarding these positions may be obtained from the office of the Commission, Room 102, Hall of Records, Los Angeles 12, California.

Lecture Conferences in Hollywood.—The Hollywood Presbyterian (Olmsted Memorial) Hospital announce the fourth annual series of Lecture-Conferences on the general topic, "Diagnosis Without Tools" offered by Ross Moore, M. D., Chief of the Neuropsychiatric Department. The special topic for the 1944 series is "Diagnostic Self Study." Subject for June 22, "The Physical and Physiological Bases for Diagnostic Self Study." Subject for June 29, "The Mental and Environmental Bases for Diagnostic Self Study." Subject for July 6, "The Self Study Itself."

Planned Parenthood.—The California League for Planned Parenthood, one of 37 state leagues affiliated with the Planned Parenthood Federation of America, has announced the opening of an office at 68 Post St., San Francisco, Zone 4. The office is in charge of Mildred Delp, R.N., whose services are available on request for clinics, lectures or demonstrations of planned parenthood methods and techniques. Miss Delp was formerly engaged in this work among the migrant farm workers of California and now is devoting her efforts more toward the migrant war workers of the state. She may be reached at the above address or by telephone at Garfield 9219.

American Congress of Physical Therapy.—This association will hold its twenty-third annual scientific and clinical session September 6, 7, 8 and 9, 1944, inclusive, at the Hotel Statler, Cleveland, Ohio. The annual instruction course will be held from 8:00 to 10:30 A.M., and from 1:00 to 2:00 P.M. during the days of September 6, 7 and 8. The scientific and clinical sessions will be given on the remaining portions of these days and

evenings. All of these sessions will be open to the members of the regular medical profession and their qualified aids. For information concerning the instruction course and program of the convention proper, address the American Congress of Physical Therapy, 30 North Michigan Avenue, Chicago 2, Illinois.

Cancer Death Toll.—Cancer, with an annual death toll of 160 000 persons, is on the increase throughout the civilized world.

So warned Dr. George Pack, surgeon of the Memorial Hospital in New York, addressing the San Francisco County Division of the Women's Field Army, American Society for the Control of Cancer, at the Palace Hotel on June 1st.

While predicting that the cause of cancer will be discovered within the next ten or twenty years, Dr. Pack urged a more comprehensive educational program, both for the medical profession and the laity.

A total of 15 per cent of all deaths in San Francisco are attributable to the dread malady, Dr. J. C. Geiger, city health officer, disclosed.

Others speakers included Dr. Aurelia Rinehart, president emeritus of Mills College; Dr. Robert Newell of Stanford University; Maj. Robert Stewart; Dr. Henry Ullman of Santa Barbara, and Dr. James Rinehardt of the University of California.

Dr. Harold Brunn, aided by Mrs. Joseph Gould, head of the Bay area and northern California district organization, was chairman of the dinner meeting.

Los Angeles Tuberculosis and Health Association.—Consolidation of the Los Angeles Tuberculosis and Health Association with the Los Angeles County Tuberculosis and Health Association was announced recently.

The enlarged organization is to be known as the Los Angeles County Tuberculosis and Health Association and will embrace all of Los Angeles County with the exception of Pasadena, South Pasadena and Long Beach, according to the announcement.

Glenn V. Armstrong, Executive Secretary of the Los Angeles Association since May, 1943, has been named Executive Secretary of the consolidated organization.

"Consolidation of the two associations comes at a time when the rapid growth in population of the area makes necessary an expanded tuberculosis control program, and it is believed better results will be established through the combination."

Also included in the merger was the Combined Christmas Seal Fund which in past years has conducted the annual sale of Christmas Seals for the two organizations.

"There will be no interruption in the program being carried on and the new organization will continue and expand its activities in the field of industrial and school case-finding; health education, among school and adult groups; heart disease; research; Latin-American and Negro programs.

The Vitamin Craze.—The *Health Education Journal*, quoting from *Printers' Ink*, April 23, 1943, gives the following comment concerning sale of vitamin products:

Amounting to less than $500,000 as recently as twenty years ago, annual sales of vitamin products are today pushing toward the $150,000,000 mark. Nearly one customer in every three who comes into a drug store is purchasing a vitamin preparation of one sort or another.

This arresting picture of the progress of vitamin in the U. S. merchandising picture was presented at the recent convention of the National Wholesale Druggists' Association by E. Walton Bobst, assistant to the president, Hoffman-LaRoche, Inc.

"There is no question that in all the history of pharmacy no product, nor any class of products, has shown a growth which could in any way approach the fantastic sales increase of vitamins," Mr Bobst said. "There is hardly a pharmaceutical manufacturing concern in the country today which does not specialize in production of vitamin preparations. In the sales volume of most, vitamin products play a leading rôle. They surely must be the leading class of products of the wholesale druggists, and by the same token anywhere from 25 to 35 per cent of Mr. Retailer's sales reflect vitamins in one form or another."

Volume will rise considerably higher in the future, Mr. Bobst predicts. All producers are having difficulty keeping up with current demand. Surveys show that sales so far are concentrated among 15 to 20 per cent of the total population.

There is a marked trend toward direct-to-the-laity advertising of multi-vitamin products, Mr. Bobst observed. This will undoubtedly lead sooner or later to reduction of vitamin business in the ethical drug field, dependent on the doctor's recommendation or prescription. Increased vitamin fortification of food products will, by increasing the vitamin knowledge of housewives in every walk of life, accelerate the trend toward direct-to-laity sales of vitamin capsules, tablets and liquids.

Vitamin products are now being advertised and merchandised by very large concerns accustomed to doing business on an elaborate scale, Mr. Bobst added. It would appear that sooner or later the public will depend upon the nationally advertised brands for use as a vitamin supplement to guard against possible diet deficiencies. With vitamin prophylaxis getting out of the hands of the doctors, ethical pharmaceutical concerns will have to be content with developing and selling special dosage forms of vitamins to be used mainly for treatment purposes.

Penicillin Cures Venereal Cases Where Sulfa Fails.—Navy doctors have reported they have cured with penicillin 99.06 per cent of 4,439 cases of gonorrhea that resisted sulfa treatment.

Of these, 4,258 responded in from 9 to 15 hours, and of the remaining 181 cases, 139 were cured the next day.

Medical men said 30 to 40 per cent of cases treated with sulfonamide fail to respond.

Commander Walter H. Schwartz, Medical Corps, U.S.N., said this penicillin treatment had been of inestimable value to the Navy because it had saved tens of thousands of hours of manpower by restoring men to early duty instead of their languishing in hospitals.

So far, said Dr. Schwartz, who heads the Navy division in charge of these cases, it has been found most satisfactory to inject penicillin in muscles in doses of 20,000 units each—a unit being the amount of the drug that counteracts a germ of infection. Five injections generally cure the disease.

Cases treated with sulfonamide in the South Pacific extend anywhere from 40 to 128 days, but this new method has revolutionized the treatment.

Dr. Schwartz also said some cases of syphilis have been cleared up after use of penicillin.

Meanwhile it was revealed that an all-time high was reached last year in the nation's battle against venereal disease, and that gonorrhea and syphilis remained the country's most serious health problems.

In a report, Dr. Walter Clarke, director of the American Social Hygiene Association, said:

"The past year's experience again substantiated the

basic fact that active, united support by the public of all measures—educational, medical, protective—directed against the venereal diseases is the key to victory against these infections.

"If these are strengthened, the new discoveries—especially the modern intensive therapy of syphilis and the penicillin treatment of gonorrhea—may make it possible, in the not too distant future, to bring venereal diseases completely under control."

The U. S. Public Health Service, in this connection, said that there has been an increase of 11 per cent in cases of gonorrhea among civilians, partly because of attempts at self-treatment with sulfa drugs. Individuals, it was explained, considered they had cured themselves in this manner when actually they "remained sources of infection."

Fewer Fatal Accidents in 1943.—Studies reveal there are many reasons why one might well have expected the accident toll in 1943 to rise to a very high level. It was a year of dimouts and blackouts; a year of very intense industrial activity, with large numbers of inexperienced hands, including many women and boys, employed in a variety of unfamiliar tasks; and a year in which the armed forces were swelled to many times the peacetime total. But whatever fears might have been entertained regarding the accident toll are allayed by the facts now available. The Nation's loss through fatal accidents in 1943, it is now evident, will be in the neighborhood of 91,000 lives, or about 2,000 fewer than last year, and at least 10,000 fewer than in the prewar year 1941. Barring a major catastrophe in the closing days of the year, the accident record in this country for 1943 will probably be the best since the depression years of 1932-33.

The decline in accident fatalities in 1943, as in 1942, was due almost entirely to a falling off in the number of deaths in motor vehicle accidents. Motor vehicle fatalities numbered about 23,000 in 1943—5,000 fewer than last year, and nearly 17,000 fewer than the all-time maximum of 39,981 deaths recorded in 1941. It is necessary to go back to 1925 to find a year in which the automobile toll was as small as in 1943. Quite obviously, the reduction was brought about largely, if not entirely, by curtailed use of gasoline and by other curbs on automobile travel.

Industrial accidents also show a satisfactory record for the year. Despite accelerated industrial activity, there is no indication of an increase in occupational accidents. In fact, it appears likely that occupational accidents will be fewer this year than last. This is a tribute to the effective coöperation of management and labor in the intensified, nationwide safety campaign inaugurated in 1941 by the National Safety Council under a Presidential proclamation.

Fatal accidents in and about the home, on the other hand, will run about 1,000 higher than last year and number around 31,000. Thus, for the second consecutive year, the death toll from home accidents will be higher than that for any other class of accidents, whereas in earlier years motor vehicle accidents had that dubious honor. In the early months of 1943 home accidents rose sharply, perhaps because of the use of supplementary heating devices in areas in which fuel oil was rationed. Another factor that may have affected home safety was the employment in industry of many housewives, a number of whom left children at home.

Catastrophes (those accidents in which at least five persons are killed) took more than 3,200 lives up to the closing days of 1943, or three times the total for the prewar year 1941, and about 500 lives more than in 1942. Since Pearl Harbor there has been a considerable increase in the number of persons killed in major accidents in service flying, on railroads, in mines, and in explosives manufacturing plants. Fires in public buildings have also taken a large toll of human life in the last two years.

Fortunately, no single disaster in 1943 even approached the death toll of the Boston night club fire in 1942 which took 492 lives. Two railroad accidents—one in Pennsylvania killing 80 persons and another in North Carolina killing at least 72 persons—were, at the time of this writing, the most costly accidents in point of lives lost in 1943. A mine accident in Montana took the lives of 69 persons; 51 suffered fatal injuries in a Texas hotel fire. Two accidents in the State of Washington each took more than 25 lives—the crash of a bomber on an industrial building, and a fire in a sanitarium. The other accidents in which 25 or more persons were killed included a railroad accident in New York State, an explosion at a naval depot in Virginia, the crash of an Army transport plane in North Carolina, and the foundering during maneuvers of an Army transport in Louisiana.

Although a number of catastrophes occurred in explosives manufacturing plants in 1943, the largest toll taken in any of them was 15 lives. The greatest number of deaths in any such accident since Pearl Harbor was 54 lives in Illinois in June, 1942. In marked contrast, during the first World War, the three largest catastrophes in explosives plants in the United States each resulted in the death of about 100 persons.

Methods of E.M.I.C. Bureau.—The Children's Bureau administration of medical services given dependents of enlisted men has aroused the indignation of the medical profession, Dr. William Benbow Thompson, of Los Angeles, informed the House Appropriations Committee in testimony made public on May 27.

Dr. Thompson, who said he represented the California Medical Association, told committee members during hearings on the Labor Appropriations Bill:

"It distresses us practicing physicians that we should be cleverly placed in the light of antagonism to a program beneficial to and needed by the wives and children of men fighting to preserve the free institutions of free America.

"We are not so opposed; it is the administration of the program that has aroused our ire."

Dr. Thompson listed as an "example of a bureaucracy run wild" the bureau's requirement that clinics must be along facilities available for "the free choice of the dependents."

"Our established clinics," said Thompson, "are for the indigent. Must these, who cannot go elsewhere, be crowded out by the admission of service dependents? Or are the dependents considered by the bureau as in the pauper class?"

Among objections to financial arrangements, Thompson cited the financial loss which he said hospitals would experience from participation in the program as outlined by the bureau, and claimed that the agency had "ignored" basic considerations in its study of fee schedules.—Los Angeles *Citizen-News*, May 27.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

California Doctors Open 73rd Session

Fifteen hundred leading California doctors, members of the California Medical Association, on May 7th, gathered at the Biltmore for their 73rd annual session.

The meeting was streamlined to meet war conditions, cut to two days because of the pressure of medical work,

without exhibits because of transportation difficulties, and with sessions largely given over to reports of Army and Navy physicians and surgeons.

Topics scheduled for discussion ranged all the way from nervous complaints on the home front to the treatment of the severest of battle injuries.

The initial sessions were high-lighted by a report showing that a strong majority of Californians prefer medical care of their own choosing to any Government-controlled plan, and a symposium of naval doctors telling how modern amputation and artificial limb substitutions will enable a vastly higher percentage of wounded in this war to return to gainful occupations than ever before.

The subject of private versus Government medical care was brought up in a report by John R. Little, vice president of Foote, Cone and Belding, to a C.M.A. house of delegates meeting.

Summarizing findings of a survey made by his firm for the Association, Little said the response showed that the medical profession must make medical care more widely available, especially to middle and lower income brackets, if the danger of Government intervention is to be avoided.

He suggested that the California Physicians' Service, formed by the C.M.A., be made available "to a very large portion of the people of California."—Los Angeles *Examiner*, May 8.

State Medical Group Attacks Dr. Fishbein

A resolution attacking Dr. Morris Fishbein of Chicago, outstanding spokesman of American medicine, was adopted by the California Medical Association's House of Delegates, its governing body, yesterday at the final sessions of the two-day meeting of the association here at the Biltmore.

The resolution asked the California delegates to the forthcoming American Medical Association convention in June to work for the dismissal of Dr. Fishbein, who is editor of the Journal of the American Medical Association and of Tygeia, a publication designed for popular reader interest, particularly of women.

Methods Criticized

"Dr. Fishbein," the resolution stated, "has assumed the position of the spokesman for American medicine. But it is felt that he is not representing it properly to the American public."

It was learned that it is the feeling of the California physicians that while Dr. Fishbein is a capable medical journal editor, he has assumed a spokesmanship for organized medicine and conducted himself in a way which has been injurious to its best interest.

Their objection is two-fold, according to members of the association. One is that the Chicagoan has been maladroit in his interpretation to the public of political and medical economic problems. The other is that his relations with legislators have not been the best at a time when the long-time issue of socialized medicine has become a serious menace.

Office Set Up

The revolt against Dr. Fishbein has originated in the West, but its proponents believe it will spread over the country. One of the doctors' criticisms of Dr. Fishbein is that organized medicine has established no offices at Washington where legislators could get authoritative information or through which the public could be informed. Such a medium has been initiated by the western medical profession.

At a recent meeting in Salt Lake City delegates from Utah, Nevada, New Mexico, Arizona and California decided to form a United Public Health League which would have an office at the national capital.

The convention heard torture methods by Japanese on American and European civilians at Shanghai soon after Pearl Harbor described by Dr. Thomas B. Dunn. . . .—Los Angeles *Times*, May 9.

Science

Unwanted Spokesman

As its scripture the American Medical Association has the *Journal*, a weekly news organ which cross-examines new medical discoveries, battles the advances of quackery and publishes one of the country's best columns of earthy humor.

As its prophet, the A.M.A. has Dr. Morris Fishbein, the *Journal's* baldish, fiery editor, who hates government health plans almost as much as he does charlatans. In his 30 years on the job, Dr. Fishbein has weathered many a tempest, both from within and from without the association.

He has been sued by Dr. Painless Parker, whom he called a "charlatan and a quack." This suit ended by both militant figures shaking hands. Another suit, brought by Dr. Asa Brunson whose tuberculosis treatment Fishbein called "a fake of the most dangerous kind," was settled in Fishbein's favor as was one brought by famed goat gland specialist Dr. John Brinkley, likewise called a "quack."

Dr. Fishbein has predicted that ultra-violet rays will eventually turn the white race brown—or beige, debunked vegetarians who won't eat meat lest they become like lions and tigers, or those who urge a savage diet because savages never get cancer.

The pugnacious editor has not hesitated to act as spokesman for the entire medical profession on occasion. Rumblings from within the A.M.A. have indicated that some of the doctor's colleagues are annoyed by his regal ways. Members of Congress complain that he is difficult to work with, that he refuses to provide information when they are writing their bills, then attacks the bills vigorously when they come on the floor.

Last week the California Medical Association passed a resolution asking its members to work for the dismissal of Dr. Fishbein as editor of the *Journal*. "Dr. Fishbein has assumed the position of spokesman for American medicine," said the resolution, "but it is felt that he is not representing it properly to the American public."—"This World" Sunday supplement of San Francisco *Chronicle*, May 14.

U. C. Discovers New Painless Birth Method

Paravertebral Nerve Block Said to Have Advantages Over Earlier Caudal Anaesthesia

A new method of making childbirth painless, described by its sponsors as having advantages over the recently introduced treatment called caudal anaesthesia, was announced on June 2 by Dr. Herbert F. Traut, gynecologist at the University of California Medical School.

The new method, paravertebral nerve block, was originated by Dr. Shiras M. Jarvis, former assistant resident physician at the medical school hospital and now with the United States Army. It is done by injecting an anaesthetic into a nerve channel close to but outside of the spinal column, near the small of the back.

This leaves the mother free to move about in bed, Doctor Traut reported, and she can sleep or read, and is free of labor pain.

In caudal anaesthesia the pain killing drug is injected into a nerve channel near the base of the spine. This, Doctor Traut said, lowers the muscular tone of the lower abdomen and sometimes interferes with the natural function of certain muscles during delivery.

This interference does not occur in paravertebral nerve block, Doctor Traut added, because the anaesthetic is applied to a nerve center which governs more selectivity the pain producing mechanism in childbed labor.—San Francisco *Examiner*, June 3.

Organization of Professions

Editor: Professor Einstein's advice to all professions to organize unions if they expect to overcome present serious obstacles is most sound. Though professional men have been inclined to disapprove of the forceful method of unions, yet many of us have come to the conclusion that it is the only way left in order to escape being taken over by some Washington bureau.

The medical profession, the one most seriously in danger at present, has a new organization for this purpose, but it is far too mild and inexperienced to obtain results. It takes harsh union methods to overcome a gang of hungry politicians. Let's get going! Charles E. Mooser, M.D., Oakland.—San Francisco *Chronicle*, June 2.

If the European war ends by December, 1944, it is predicted that a total of some 40,000,000 tons of human food and cattle feed will be necessary to keep the people of twenty nations at reasonable standards of nourishment until their domestic crops are available. The prediction is made by the Food Research Institute, Stanford University.

To safeguard men and women serving in the tropics, America will produce this year 2,500,000 atabrine tablets, the synthetic antimalarial and principal substitute for quinine.

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.
San Francisco

Malpractice: Necessity for Proof as to Person Causing Injury

In *Ybarra v. Spangard, 63 A.C.A. 626,* the facts were these: Suffering from an abdominal ache, the plaintiff had consulted one of the defendant physicians who advised him that he should have his appendix removed and entered him in a hospital owned and managed by a second physician, also one of the defendants in the action. Here a nurse, unidentified by the plaintiff, gave him a hypodermic injection and readied him for the operation. He was wheeled into the operating room by a third defendant, a nurse employed at the hospital. The fourth defendant in the action, a physician, helped adjust the plaintiff on the operating table, and administered the anesthetic. A fifth defendant, another physician and surgeon, performed the operation at the request of the physician first consulted by plaintiff. When the plaintiff awakened some few hours after the operation, he was in bed in his hospital room attended by two nurses. Up to the time plaintiff entered the hospital, he had suffered no injury to his upper arm. However, when he regained consciousness after the operation, he had a pain in his shoulder, due to the fact, according to expert testimony adduced at the trial of the case on behalf of plaintiff, that a nerve had been injured by the application of some external pressure or strain.

Plaintiff relied upon the doctrine of *Res Ipsa Loquitur* (the thing speaks for itself) to make out his case. That is by proving that he suffered injury sometime after he placed himself in the hands of the defendant physicians and nurse, plaintiff sought to impose the burden upon the defendants of explaining the manner in which the alleged injury occurred. The Court refused to extend the doctrine of *Res Ipsa Loquitur* to a case such as this where plaintiff failed to fix the injury as having been caused by a particular person or his employee. The Court said "But if the circumstances do tell their own tale, the most that they relate is that someone did something negligently to the plaintiff. If all those who could have pressed upon him during the period of his unawareness were the employees of any one defendant, that defendant might be held responsible for plaintiff's injuries, but even that was not established. . . . Who, if anyone, stood as an employer, responsible for the possible negligence of nurse Thomson, is not made to appear. Granting that something happened to the plaintiff between the sunset and the sunrise of his consciousness, who caused it, is veiled in the darkness of an utter lack of evidence. None of the defendants were called to testify; no one revealed whose hands moved the plaintiff from the operating table to his bed. In the premises, a judgment against any one defendant would have lacked evidentiary support. As to each defendant a nonsuit was required."

The Court therefore affirmed the judgment of non-suit in favor of the defendant physicians and denied plaintiff recovery.

† Editor's Note.—The department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

LETTERS†

Concerning Venereal Disease Control Program of San Francisco:

(COPY)

CITY AND COUNTY OF SAN FRANCISCO
Department of Public Health
San Francisco, May 23, 1944.

To the Editor:—Enclosed please find an announcement which it was thought should be printed in the monthly bulletin of the CALIFORNIA AND WESTERN MEDICINE.

The action of the Metal Trades Council, of the American Federation of Labor, in passing a unanimous resolution approving the voluntary preëmployment blood tests which are conducted by management in coöperation with health departments, is a definite forward step in local venereal disease control. Information regarding the results of these serologic examinations is kept strictly confidential between the health department and the individual examined. The results of these serologic examinations are not reported to either labor unions or management.

Failure on the part of the employee to submit to voluntary preëmployment blood examination will not jeopardize his chances of employment.

101 Grove Street.

Sincerely,
(Signed) J. C. GEIGER, M.D., *Director.*

* * *

Dr. J. C. Geiger, Director of Public Health, announces a new procedure in the Industrial Venereal Disease Control Program of San Francisco. The Bay Area Metal Trades Council, of the American Federation of Labor, unanimously passed a resolution approving voluntary preëmployment of serologic examinations which are conducted by management in coöperation with health departments.

Under the operation of this program voluntary preëmployment serologic specimens will be secured by medical representatives of management. These specimens will be submitted to the laboratory of the City and County of San Francisco Department of Public Health. The results of these laboratory findings are referred to the Division of Venereal Diseases of the local Department of Public Health. Information is kept strictly confidential between the Health Department and the individual blood tested. Information pertaining to the results of these examinations is reported neither to labor unions nor to management.

The Division of Venereal Diseases assumes responsibility of advising employees of positive serologic examinations. Industry is advised that it is not justified in considering the presence of syphilis in an employee under treatment or adequately treated as a cause for discharge from employment. Such an attitude is detrimental to the war effort, a hindrance to the progressive industrial venereal disease control, and leads to plant management-labor union conflict.

Latent syphilis is not a danger to industry. It is neurosyphilis and cardiovascular syphilis, the results of latent syphilis, which present the potential industrial hazard.

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

The Health Department and not industry or labor unions must assume the responsibility for requiring adequate treatment of the known, untreated, or inadequately treated syphilitic industrial worker. Only those workers who are not amendable to, or who do not respond satisfactorily to adequate treatment, should be placed in new occupations commensurate with their physical condition. Venereal disease case finding and case holding can be best managed by the Health Department as an unbiased official agency legally responsible for these activities.

Failure of the employee to submit to voluntary preëmployment blood tests under this industrial venereal disease control program will in no way jeopardize that person's chances of employment. The program, with the assistance of management and labor unions, will be put into practice in some of the large and small industrial plants under the direction of the Division of Venereal Diseases of the City and County of San Francisco Department of Public Health.

From the start of this program labor has coöperated fully with the local health agency. The establishment of this program was made possible by the assistance of the California Social Hygiene Association, the coöperation of union officials, and the efforts of members of the Division of Venereal Diseases.

Concerning Archives in re: Naval Officers:

My dear Dr. Kress:—The National Naval Medical Center at Bethesda, Maryland, is endeavoring to collect for its archives a complete set of commissions issued to Naval medical officers, and signed by past Presidents of the United States.

There is a small nidus now at the Center and it is hoped to be able to build this up to completion. Through the Navy Department Library and the National Archives a few more have been located. I am wondering whether you would care to insert a small item in your journal to this effect, with the idea that various libraries or individuals may have in their possession such old commissions and would be willing to turn them over to the Center. If such are found and the owners are so generous, there could be no more fitting enshrinement of them than their use for this purpose.

Any assistance that you and California and Western Medicine can extend will be greatly appreciated by the Surgeon General.

With best regards.

Sincerely yours,
(Signed) Robert C. Ransdell,
Commander, M.C., U.S.N.R.,
Division of Publications.

Concerning an Expression of Thanks to "California and Western Medicine":

(copy)

The Public Health League of California

Organized to Protect the Public Health by the Preservation of Modern Scientific Medicine, Dentistry and Nursing

563 Chamber of Commerce Bldg.

Los Angeles 15, California, May 11, 1944.

Dear Doctor Kress:—At the quarterly meeting of the Council of the Southern District of The Public Health League of California, held on May 4th, I was instructed to express to you the thanks of this group for the very valuable assistance you have given the League through your editorials in California and Western Medicine.

Your informative and forceful editorials have served to keep before the members of the medical profession the importance of the work the League is doing. I am certain every member appreciates this most helpful assistance.

Sincerely yours,
(Signed) Chas. A. Reagan, D. D. S., *Secretary.*

Concerning Donors at Blood Banks:

(copy)

City and County of San Francisco

Department of Public Health

To the Editor:—On March 31, 1944, there was reported a case of malaria (tertian) in M.S., age 60, patient of a local hospital, with the onset date given as March 26, 1944.

This case is of interest as the patient was hospitalized because of a purpuragic condition with hemorrhages. The patient received 50 c.c. of whole blood intramuscularly on March 12. The donor was a friend. No tests were performed on the donor's blood, though in good health and the patient had a positive Wassermann.

On March 26 the patient became ill with chills and fever and a diagnosis of malaria (tertian) was made. An investigation then revealed that the donor had been hospitalized on March 16, 1944, in a Naval Hospital suffering from malaria. Investigation reveals that the donor had malaria one year ago but the attack was so mild it had been forgotten.

This case brings up another of the increasing problems due to war conditions. Our population may be endangered by individuals returning from foreign lands and suffering from various diseases such as malaria. Some of these individuals have recovered completely while others are still infected, though sub-clinical at the moment.

At the present time it is customary for the blood of a donor to be tested only for syphilitic infection. Tests must soon be perfected which will reveal the presence of tropical diseases such as malaria, or blood donors must be limited to residents of uninfected areas.

The complement fixation test for malaria might well for practical purposes be used at the blood banks.

The above circumstances should be drawn to the attention of the practicing physicians in the United States, and those in charge of laboratories and particularly those supervising blood banks using whole blood.

J. C. Geiger, M. D.
Director of Public Health.

Concerning Treatment of Eyes by Barbers:

(copy)

Office of Attorney General Robert W. Kenny

Opinion NS5411

If a barber puts eye tonic drops in human eyes with or without consent he is doing something not permitted under his license, Attorney General Robert W. Kenny stated on May 24, in an opinion.

Treatment of the human eye, either with medicines or surgery, Kenny stated, was limited by law to physicians and surgeons.

He had been advised that it was the practice of manufacturers of eye tonics to supply barber shops with their products free of charge.

Kenny held that many eye tonics were drugs under California law, and a barber administering them may be guilty of practicing medicine without a license.

"The use of any product classified as a drug," Kenny stated, "by those not qualified to administer it, could in certain instances lead to dangerous results. Such use of eye drops containing drugs in barber shops may pass along a dangerous infection to other patrons through the use of such a tonic on one infected individual."

His opinion was requested by C. E. Rynearson, Secretary of the California State Board of Barber Examiners and was prepared by Deputy Attorney General Carl W. Wynkoop.

Concerning an Article on "South Sea Malaria in California" (C. & W. M., for March, p. 94):

(COPY)

To the Editor:—The March number of CALIFORNIA AND WESTERN MEDICINE contains an article by Lt. Colonel Garnett Cheney who writes from the Hammond General Hospital of Modesto. He cites the presence of anopheles mosquitos in that locality and mentions the danger of dissemination of malaria among the civilian population when brought into such a locality by returned soldiers. Permit me to offer the following which may be pertinent:

* * *

Malaria was very prevalent in the locality just south of Modesto long before Pearl Harbor. I practiced in Wheatland from 1913 to 1916 and encountered many cases of malaria; so many that I made it a rule to examine the blood of most of the patients who came to me. Plasmodia were a frequent finding and crescents of æstivo-autumnal malaria were occasionally found.

At times the symptoms did not seem to suggest malaria. One of the last cases I had before leaving there was one of intercostal neuritis which proved resistant to treatment. The blood contained plasmodia. Quinine gave prompt relief.

My theory, for what it may be worth, was that the presence of tropical malaria was a relic of infection brought in by miners of the early days who had come to California by way of Panama. I may indeed have myself contributed somewhat to the local infestation because I had recently come from Dutch Guiana with a severe malarial infection.

Making due allowance for possible changed conditions during more recent years, the mere presence of plasmodia, even of the æstivo-autumnal type in a civilian, patient, would not be conclusive proof that it had been acquired from a returned member of the armed forces.

Yours very truly,
(Signed) A. D. ELLSWORTH, M. D.
5810 Orange Avenue,
Long Beach 5, California.

Concerning Legalization of Therapeutic Abortion:

(From the Office of the C.M.A. Legal Counsel)

(COPY)

Dear Doctor:

The legalization of therapeutic abortion is contained in *California Penal Code*, Sec. 274, which provides as follows:

"Sec. 274. *(Providing or administering drug or employing means to procure miscarriage; Punishment.)* Every person who provides, supplies, or administers to any woman, or procures any woman to take any medicine, drug, or substance, or uses or employs any instrument or other means whatever, with intent thereby to procure the miscarriage of such woman, *unless the same is necessary to preserve her life*, is punishable by imprisonment in the state prison not less than two nor more than five years."

The words "unless the same is necessary to preserve her life" in this statute is the only definition of therapeutic abortion in California. We know of no cases in this state defining the words "necessary to preserve her life."

Decisions by courts of other states have promulgated general rules which would probably be followed in California. *1 Corpus Juris Secundum* summarizes these rules at page 322 as follows:

"Such a statute makes necessity in fact an essential to the exception. If accused in performing the operation did something which was recognized and approved by those reasonably skilled in the medical profession, it cannot be said that the operation was not necessary to preserve the life of the patient. It is not essential that the peril to life be imminent, it being sufficient that it be potentially present, even though its full development might be delayed to a greater or less extent. It is not essential that the doctor should believe that the death of the patient would be otherwise certain in order to justify him in procuring the miscarriage. The exception applies only where the death of the mother can reasonably be anticipated to result from natural causes unless the child is destroyed, and it does not relate to death from unnatural causes such as suicide."

A physician should not perform an abortion under any circumstances without consulting and receiving confirmation by at least one other reputable physician of his opinion that the abortion is necessary to save the woman's life.

If I can be of further assistance will you please let me know.

Very truly yours,
HARTLEY F. PEART,
111 Sutter Street, San Francisco.

Concerning a Morphine Addict:

San Francisco, May 6, 1944.

To the Editor: There is a morphine addict named William J. Collins, whom, I believe should be advertised.

About two months ago, Dr. Wirt B. Dakin, wrote me that the man had given him a bad check for an office visit. A few weeks later one of my urological friends in Santa Ana wrote me that he had given some morphine to one of my patients who was passing blood. I was supposed to have operated upon this man for a papilloma of the bladder, at St. Joseph's Hospital.

Today the man came to my office, stating that he had been referred by Dr. Wirt B. Dakin, who had operated upon him for a cancer and that he was due back in Sawtelle in two days for removal of his bladder and transplantation of the ureter to the skin, and he believed that he was passing a fragment of stone. He voided 3 glasses of blood. He told me the drugs that had been given to him and at the end showed me a morphine tube. When I started to give him demerol, he became very indignant and I ordered him out of the office.

When my secretary came back from lunch, she recognized the name on the book as the man who had used my name on two different occasions in the South.

DR. MILEY B. WESSON, 490 Post Street.

Concerning California Licensure of Graduates of Foreign Medical Schools:

(COPY)

1020 N St., Room 536,
Sacramento, 14, California,

Dear Doctor ————:

Dr. George H. Kress has forwarded us your letter of March 7 inquiring as to licensure in the State of California.

Reference to the 1942 American Medical Association directory shows that you are a graduate of the University of Hamburg, Medical Faculty, 1935 and were licensed in the State of New York in 1936.

On September 15, 1935, legislation was enacted in this state, exacting additional requirements of foreign medical school graduates, one of which is one year in rotating internship completed in a hospital located in the United States and approved by the American Medical Association for such training. Your letter states that you completed one year of rotating internship at Mt. Sinai Hospital, Hartford, Connecticut; however, we do not find said hospital listed as approved by the American Medical Association and therefore it seems that you would not be able to qualify for reciprocity on your New York license.

We inclose herewith our form 172-173. Form 173 gives full information as to the requirements for foreign medical school graduates. After reading said form, if further

questions occur to you, please communicate with us again.

Very truly yours,

FREDERICK N. SCATENA, M. D.,
Secretary-Treasurer.

Concerning San Francisco Ordinance Requiring Pasteurization of Milk:

(COPY)

JOHN J. O'TOOLE
City Attorney
San Francisco, May 2, 1944.

Dr. J. C. Geiger,
Director of Health
Health Center Building,
San Francisco 2, Calif.
Dear Doctor Geiger:

In answer to your request concerning the most recent decision in the case of Natural Milk Producers Association of Northern California v. City and County of San Francisco, the Advance Reports of the California Supreme Court have just reached this office and a copy of the opinion is enclosed.

As you know, the original case, which is reported in 20 Cal. (2d) 101, upheld the San Francisco ordinance requiring the pasteurization of all milk sold in the city and county, on the grounds that such ordinance was not contrary to the sections of the Agricultural Code, but rather merely imposed additional restrictions and higher standards than those required by the state law. Following that decision the plaintiff took the case to the Supreme Court of the United States, which court determined that there were no Federal questions involved and hence referred the case back to the Supreme Court of California for such further proceedings as the latter might deem appropriate. In the memorandum opinion enclosed, the Supreme Court of this state reaffirmed and adopted its former opinion cited above.

I believe this answers your problem, but if anything further is required by you, please notify me.

Yours very truly,
AL SKELLY, *Deputy City Attorney.*

* * *

(COPY)

(S.F. No. 16105. In Bank. Apr. 13, 1944.)

Natural Milk Producers Association of California (a Corporation) Appellants, v. City and County of San Francisco, Respondents.

(For former opinion see Cal. 2d 101.)

THE COURT. The above entitled cause was heard and determined by a decision of this court on April 2, 1942 (Natural Milk etc. Assn. v. City etc. of San Francisco, 20 Cal. 2d 101 (124 P. 2d 25), in which decision the judgment of the trial court was affirmed. Thereafter plaintiffs appealed to the Supreme Court of the United States. That court made the following order: "In this case appellants contend that the San Francisco Milk Ordinance violates the Fourteenth Amendment because it requires non-pasteurized raw milk sold in San Francisco to be certified by, and to conform to standards prescribed by, the Milk Commission of the San Francisco Medical Society, instead of by a public board or officer, while at the same time prohibiting the sale of all other non-pasteurized milk, including 'guaranteed raw milk' which appellants allege is the same as certified raw milk. Subsequent to the trial of the case, the Milk Commission of the San Francisco Medical Society determined that non-pasteurized milk could not be certified by it as free from harmful bacteria, and promulgated an order accordingly, effective January 15, 1939. This fact, which apparently was not called to the attention of the Supreme Court of California, renders moot the federal questions raised by appellants, since all milk sold in San Francisco, not certified by the Milk Commission of the Medical Society, is required by the ordinance to be pasteurized and since appellants do not by this suit challenge the validity under the Fourteenth Amendment of the pasteurization requirement. In order that the state court may make proper disposition of the case in the light of the fact that the federal questions cannot be decided here, we vacate the judgment, without costs to either party in this Court, and remand the cause to the Supreme Court of California for such further proceedings as it may deem appropriate."

The instant action is one by plaintiffs seeking to have enjoined the enforcement of an ordinance of the City and County of San Francisco on various constitutional grounds. As evident from the foregoing order of the Supreme Court of the United States the issue of whether or not the ordinance was discriminatory because it permitted the sale of certified milk, a raw milk, was considered moot because since the trial of the action the Milk Commission of the San Francisco Medical Society adopted a resolution requiring certified milk to be pasteurized, and further, that no claim was made by plaintiffs in the Supreme Court of the United States that a law requiring all milk to be pasteurized is unconstitutional.

Plaintiffs again advance substantially the same arguments as heretofore made before this court. We adhere to the views expressed in our former opinion and adopt them now as the decision of this court.

Plaintiffs do not desire to sell certified milk in San Francisco. They assert that they should be entitled to sell raw milk. The fact that the Milk Commission made its pasteurization requirement for certified milk does not alter the result. Whether or not it had the authority under the ordinance to require pasteurization of certified milk (the ordinance appears to indicate that certified milk may be raw milk) need not be decided inasmuch as plaintiffs are not interested in selling certified milk, raw or pasteurized. The trial court denied the injunction and as we adhere to our former decision there is no ground for reversing the judgment of the trial court.

For the foregoing reasons we hereby adopt our former opinion and affirm the judgment of the trial court.

Concerning "Need of Professional Nurses":

Federal Security Agency
U. S. PUBLIC HEALTH SERVICE
Division of Nurse Education

Subject: "Professional Nurses Are Needed."
From: Lucile Petry, Director, Division of Nurse Education.

A copy of brochure, "Professional Nurses are Needed" is enclosed for your information and use. This publication has been issued jointly by the U. S. Office of Education and Division of Nurse Education, U. S. Public Health Service. It is designed to serve as a guidance aid.

Because of the paper shortage, only a limited number of copies could be printed. It is suggested that requests for additional single copies be directed to the U. S. Office of Education, Washington, D. C. . . .

Concerning Scope of a Malpractice Insurance Policy:

(COPY)

Dear Doctor:

I return to you herewith malpractice insurance policy issued by the company.

Section II, B of the policy, providing "The Company shall have the right to settle any claim or suit at its own cost, * * *", in my opinion would give the company the absolute right to settle any claim or action which might be brought against you either with or without your consent and notwithstanding any action which could be taken by the legal counsel of the "Medical Society of the State of California."

The standard form of policy approved by the Society contains an express provision that the insurance carrier shall not settle or compromise any claim or suit without the written consent of the assured. As the above quoted section of the policy is the only reference to settlements contained therein, you would have no right to insist that the company defend the action if they should desire to settle against your wishes.

If I can be of further help, please let me know.

Very truly yours,
HARTLEY F. PEART.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XVII, No. 6, June, 1919

EXCERPTS FROM EDITORIAL NOTES

Correction of Abuses Under the Workmen's Compensation Act.—That the physicians of the State have been exploited by many of the companies operating under the Workmen's Compensation Act, there can be no doubt. We have plenty of evidence on file in our office. The demanding of rebates upon what is known as the Fee-Schedule is the commonest method employed. This schedule has never been adopted by the Society. Therefore, there is no machinery for keeping the carriers and the physicians to their contracts—because there is no contract. . . .

For Doctors in Smaller Towns.—At the Santa Barbara meeting, a live topic of conversation grew out of the editorials of the last few months advocating the development of the rural and small-town hospital. The opinion was freely expressed that in these lay the future hold of the doctor on his own advancement, and in fulfillment of his public obligations to society. We must face the fact, whether we recognize it or not, that the doctor *has* a public obligation, and that if he does not meet it, his place will inevitably be filled by someone who *does* meet it. In smaller towns and in rural communities, the doctor has a particularly hard job in keeping himself in condition, to provide for his patients the very best that modern medical science can offer. He needs here, as much as in the larger cities, a knowledge of modern business methods which will establish him on a sound economic basis. He needs carefully to avoid medical and social ruts. They are easily gotten into, and from them extraction is most difficult. . . .

The Pseudo-Medical Parasite.—He styles himself doctor, and his habitat is San Francisco or Los Angeles, or some smaller town. He is a type of a genus, or of a species, or even of a family which infests all cities and many towns. He preaches to the gullible, and drops, into their open mouths, succulent and juicy bits of anatomy, physiology and pathology through the medium of the newspaper, and by virtue of his own private printing press. . . .

How ring down the curtain on the medical quack? How expose him and keep the unlearned and mentally helpless from his grasp? Some say it cannot be done. That, while this race is credulous, sensation-mongering and ripe to be plucked, these things will continue. Perhaps so. And still, why not recognize that the modern physician is no longer a scientific recluse, charged with preserving his knowledge and skill for his own esoteric circle? Why not start a widespread drive for personal propaganda for public health? Teach the people the truth. They, above all, are entitled to it. The doctor, above all, is fit to teach it. The truth shall make them free—free from the quack, the cult, and the ism—free to be healthy, and free from fear.

(Continued in Front Advertising Section, on Page 16)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members. Historical reminiscences, papers and other archives will be welcomed by the C.M.A. Committee on History, to whom such should be sent. Address same to the Committee's Secretary, Dr. George H. Kress, Room 2004, 450 Sutter, San Francisco, 8.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By F. N. Scatena, M.D.
Secretary-Treasurer

Board Proceedings

A written examination will be held at Native Sons Hall, San Francisco, June 27 to 29, 1944. It is believed a large group will present themselves for examination at that time.

Oral examinations are held at frequent intervals. These examinations are for doctors applying for reciprocity from some other state of the United States, whose certificate in said state was issued more than ten years ago. Many candidates present themselves at each of these examinations.

News

"Dr Anthony B. Diepenbrock, San Francisco physician, yesterday was appointed to the State Board of Medical Examiners by Governor Warren." (San Francisco *News*, April 28, 1944.) Dr. Diepenbrock succeeds Alvin E. Cerf, M.D., whose term expired.

"Appointment of Dr. Joe Zeiler, noted Los Angeles physician and surgeon, to the State Board of Medical Examiners was announced here yesterday by Governor Earl Warren. Dr. Zieler will serve for a four-year term, replacing Dr. Hugo B. Kersten of Los Angeles. . . ." (Los Angeles *Examiner*, April 28, 1944.)

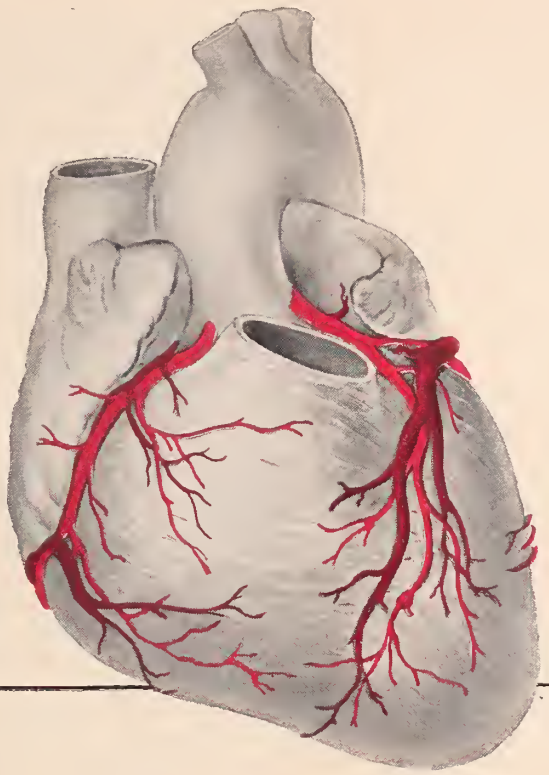
"A gift from Bernard M. Baruch of $1,100,000 was available today for the development of physical medicine, to aid American war casualties, under an administrative board headed by Dr. Ray Lyman Wilbur. The sum was provided by Baruch in memory of his father, Dr. Simon Baruch, a distinguished surgeon of the Confederate Army and a leader in the field of physical medicine. . . . The Baruch Committee on Physical Medicine, headed by Dr. Wilbur, Stanford University chancellor, explained that Baruch's gift also was motivated by his 'desire to do something for the sick, especially the ill and wounded veterans.'" (San Francisco *Call-Bulletin*, April 27, 1944.)

"Dr. Huldah E. Thelander, widely known San Francisco children's specialist and Children's Hospital staff member, prepared today to don uniform as a Navy lieutenant commander, medical corps women's reserve, the first San Francisco woman doctor to enter the service with that rank. . . ." (San Francisco *Call-Bulletin*, April 25, 1944.)

"Attorney General Robert W. Kenny ruled today, in an opinion for State Public Health Director Wilton L. Halverson, that chiropractors and other drugless practitioners cannot legally issue pre-marital certificates. He said only persons licensed by the board of medical examiners and the board of osteopathic examiners could do so, and a county clerk would be guilty of a misdemeanor if he accepted a certificate made out by an unqualified practitioner." (San Bernardino *Sun*, March 26, 1944.)

(Continued in Back Advertising Section, on Page 42)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.



The Coronary Circulation from the Anterior Aspect

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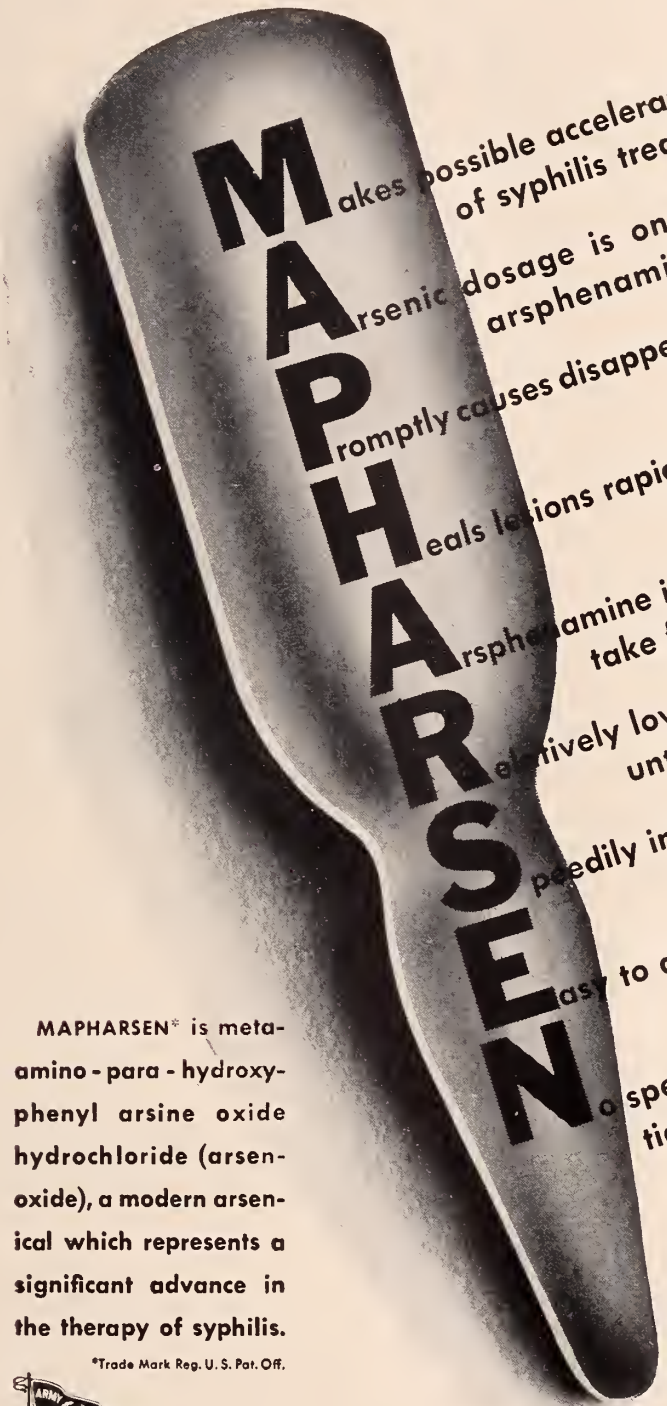
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CHOICE rooms and bungalows at rates ranging from $37.50 up, including routine medical and nursing services, interim physical, x-ray and laboratory examinations, ordinary medicines and pneumothorax. A charge is made for the first complete examination.

In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Close medical supervision. Aside from tuberculosis, special attention is given to asthma, bronchiectasis, lung abscess and kindred diseases. Separate institution for children.

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TWENTY-FIVE YEARS AGO

(Continued from Front Advertising Section, Page 22)

Resolved, That inasmuch as the practice of Roentgenology is an important and responsible specialty of medicine and surgery, which, if practiced by incompetent persons, may be a serious danger to the health and lives of the public, and whereas the laws pertaining to the practice of this specialty are at this time exceedingly bad; now, therefore, be it

Resolved, by the Medical Society of the State of California, that it instructs its Committee to confer with similar committees of recognized medical, dental, and affiliated societies, in the matter of preparing a proposed law, which would better safeguard the public health, insofar as the practice of Roentgenology is concerned;

Excerpts from Correspondence: Defects in California's Industrial Accident Insurance Law.

To the Editor: I desire to add my views, gained from years of experience in this particular field of practice, to those already expressed in your columns, with the hope that they may be of benefit to those who undertake in the near future to have enacted many much needed improvements in statutes now governing industrial accident insurance. I shall endeavor in each criticism to state plainly my grounds for the same. . . .

So now I say to all of my colleagues, let us not go off half-cocked and criticize, but get down to serious thinking, devoid of selfishness, listen to those who have gained knowledge by actual experience, and help to revise these laws in a manner to head off the trickster, give the workingman a square deal, protect the employer, and let the surgeon have what is justly due him.

(Signed) Clyde Briggs Laughlin, M. D.,
Lieutenant, M.C., U.S.A.,
Presidio of San Francisco, Calif., April 18, 1919.

From an Article on "League for Conservation of Public Health," Luncheon at Hotel Belvedere, Santa Barbara, April 16, 1919. Introductory Address, John M. Graves, M. D., President of the League for the Conservation of Public Health.—The medical profession, in this year of social and industrial reconstruction, has the opportunity to render unequaled service.

The Health question is not an academic question. The Health problems which all factors of society are now discussing are practical questions that involve the development of the race and the security of the nation. . . .

This League is a 365 day organization. And not only every day, but many nights have been fruitfully devoted to valuable conference work.

(Continued on Page 32)



WE LISTENED TO THE VOICE OF MEDICAL EXPERIENCE

—— *then made*

BAKER'S MODIFIED MILK

"biologically similar to breast milk"

ALL THE FACTS on infant feeding we could gleam from well-informed, practical medical opinion—facts on nutritional needs of the bottle-fed baby, digestive tolerance and elimination, muscle tone and tissue turgor—all these we took into the laboratory and utilized in making Baker's Modified Milk.

As a result, Baker's is fortified with seven extra dietary essentials—a liberal supply of protein (40 per cent more than breast milk), complementary gelatin, an adjusted fat, two added sugars, 400 units of vitamin D per quart, extra vitamin B_1, and iron . . . well tolerated by newborns and prematures . . . helpful in correcting regurgitation, loose or too frequent stools . . . well supplied with the nutritive elements necessary for proper growth.

Here, doctor, is an infant food with a solid foundation in medical experience—a food designed to produce that happy end-result, *the well-nourished baby.* Would you like full information about it?

A POWDER AND LIQUID MODIFIED MILK PRODUCT especially prepared for infant feeding. Made from tuberculin-tested cows' milk in which most of the fat has been replaced by animal, vegetable and cod liver oils, together with lactrose, dextrose, gelatin, vitamin B complex (wheat germ extract, fortified with thiamin), and iron ammonium citrate, U.S.P. Not less than 400 units of vitamin D per quart. Four times as much iron as in cows' milk.



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Resident Clinicians

TWENTY-FIVE YEARS AGO

(Continued from Page 30)

The League is a medical mobilization—a scientific standing army that will endeavor to meet and defeat the invisible foes of disease by putting the principles of preventive medicine and surgery into practical effect. Members of the League are sometimes asked, by those who do not belong to it, if this organization is not largely interested in exerting political influence. This impression has probably been created by the fact that the League was forced to engage in several political contests, in which the interests of the public and the rights of the profession were menaced.

The fact that we have won all of these contests is not a source of regret to the public or the profession. . . .

From an Article on "Relation of the Hospital to the Patient," address by Dr. John Gallwey, San Francisco. (Before the American College of Surgeons Hospital Standardization Conference, San Francisco, April 7, 1919.)—The relation of the hospital to the patient, like all human relations, depends upon conditions and circumstances. In normal times, in a metropolis like San Francisco, the patient who enters any of our leading hospitals has a right to expect and receive careful diagnosis, as accurate as modern medical science can make. Following diagnosis the patient is entitled to the best scientific service of the medical and surgical department, pathologic department, laboratory department, nursing department, etc.

The small hospital in the small community cannot be expected to give the service, or have the equipment or facilities that the metropolitan institution has, but in the fundamentals that constitute safety and care, it should

(Continued on Page 36)

BROADENING THERAPEUTIC APPLICATIONS OF *Estrogenic Hormones*

It was only a few years ago that medical writers were inclined to question the potency and therapeutic efficacy of estrogenic substances. Today, with well defined standards of activity, and with preparations of a purity and activity unheard of less than two decades ago, estrogenic hormones have a well established place in medical practice.

The broadening therapeutic application of estrogenic hormones is well documented by acceptance of the Council on Pharmacy and Chemistry of uses which, in some instances, were unheard of five years ago. At present the accepted uses include the following:

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Amniotin—a solution of natural estrogens—is available in a variety of dosage forms and potencies. For certain other uses, such as in the suppression of lactation and the checking of functional uterine bleeding, the high activity of orally administered Diethylstilbestrol commends itself. Diethylstilbestrol Squibb likewise is available in a variety of dosage forms. Recent reports[1] suggest that the nausea which frequently accompanies its initial use becomes less serious as patients gain a tolerance to its administration.



[1] *Jl. Clin. Endocrinology* 3:648, Dec. 1943.

For literature write the Professional Service Dept., 745 Fifth Ave., New York 22, N. Y.

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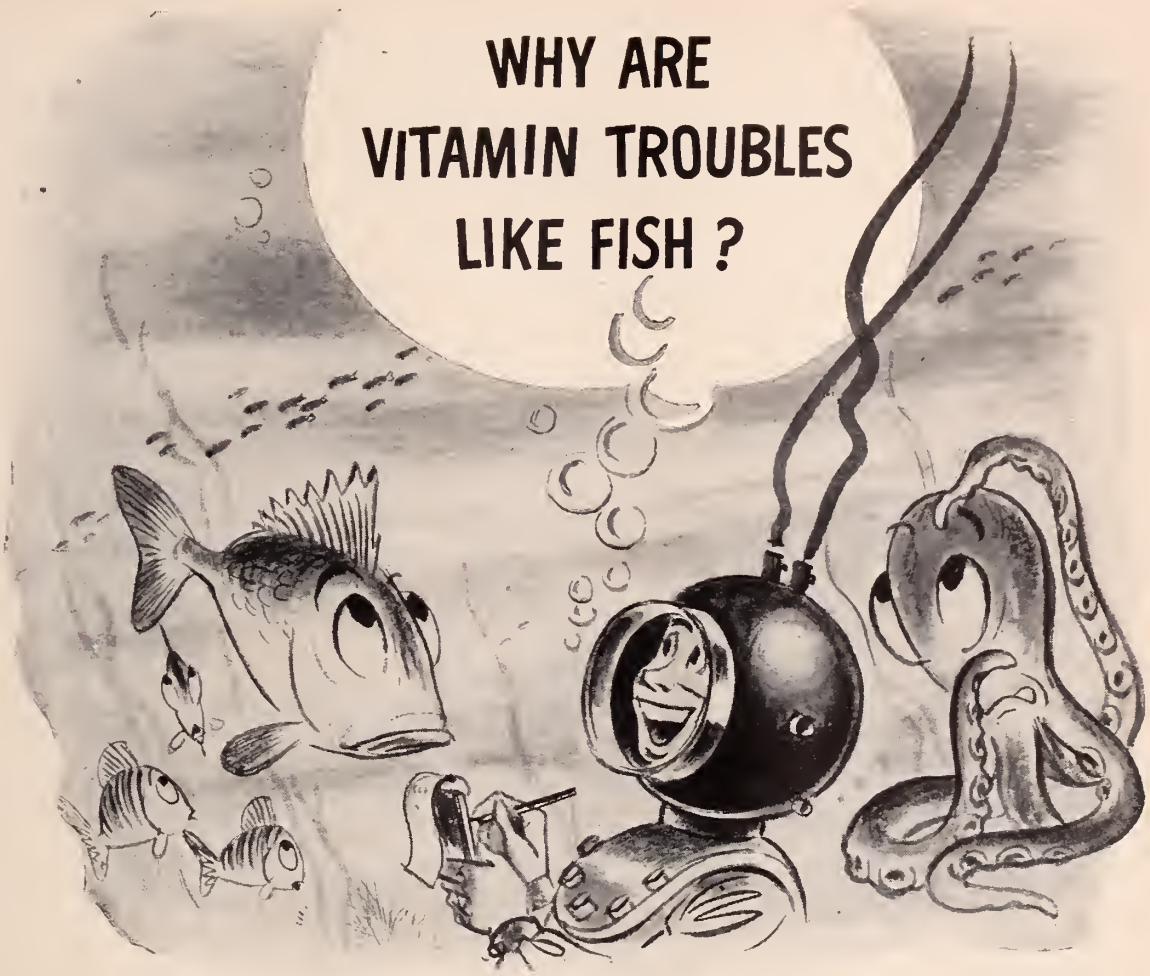
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Vitamin A	125%	166%
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TWENTY-FIVE YEARS AGO

(Continued from Page 32)

be prepared to give better treatment than is available in the homes of its community.

As a social institution the hospital fills an unique place. The hospital is the host and home for sick guests. A host who would be inattentive to guests enjoying robust health would commit a serious breach of hospitality. If the host neglects a sick guest it is unpardonable. The hospitality of the hospital must be unfailing. . . .

From an Article on "Smallpox Increasing in California," by Allen F. Gillihan, M. D., State District Health Officer, Sacramento.—Smallpox is on the increase in California. More cases of this disease were reported to the State Board of Health in 1918 than had been reported during any two adjacent years of the preceding fifteen.

The cumulative graph accompanying this article shows that, during the five-year period, 1913 to 1917 inclusive, the average total number of cases per year was about 480, while during 1918 over eleven hundred were reported. So far, 1919 shows an ever higher rate: January, 109 cases, February, 160 cases, together, give a total greater than for the whole year of 1916. . . .

From an Article on "Navy Base Hospital No. 3," by Guy Cochran, M. D., Los Angeles.—We went to war! Doctors, nurses, corps men, mess attendants—all tore away from everything we cherished, and went to war. On our way we reported at Philadelphia, expecting to go aboard ship, and be sent immediately; but day after day we waited there—always sure that in another day we would be ordered overseas. Weeks dragged like years.

(Continued on Page 38)



In patients with marked apathy and associated low muscle tone and low resistance, dramatic response may often be effected by adrenal cortex therapy when these symptoms are due to adrenal cortical insufficiency.

Adrenal Cortex Extract (**Upjohn**) used as replacement therapy in these cases often restores alertness and a healthy outlook. It relieves asthenia, strikingly increases resistance to infection, improves capacity for work, and strengthens muscle tone. Available for subcutaneous, intramuscular, and intravenous therapy.

Adrenal Cortex Extract (Upjohn)

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For Information Address: **MEDICAL EXECUTIVE OFFICER, 345 West 50th Street, New York, 19**

TWENTY-FIVE YEARS AGO

(Continued from Page 36)

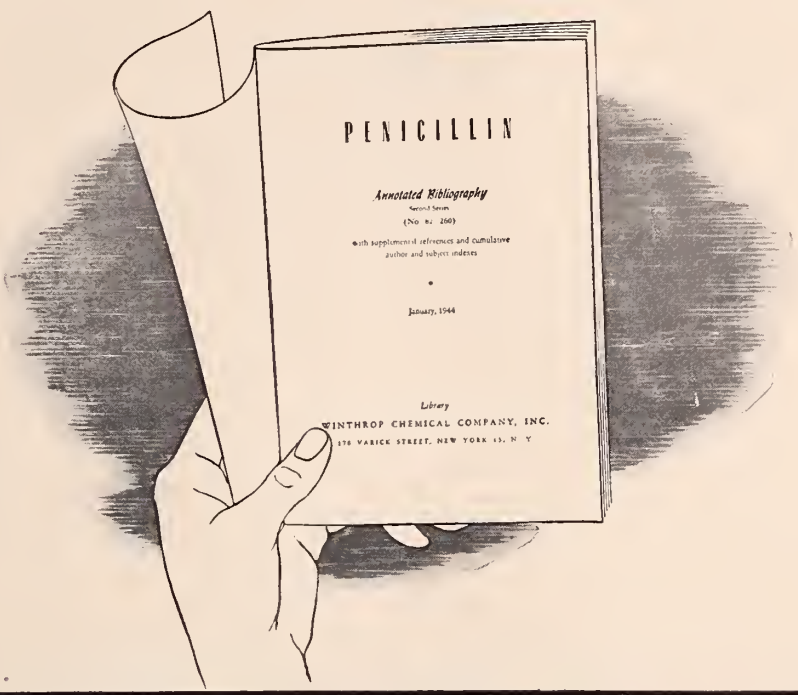
and we were full of self-pity and egotism, for this was the first war we had attended, and though we had full knowledge of our own importance, we had no conception of what a stupendous company we had joined, much less of what war really meant. . . .

From an Article on "Spinal Anesthesia in Upper Abdominal Surgery," by L. L. Stanley, M.D., San Quentin, California.—During the past four years spinal anesthesia has been used almost exclusively in all operations below the nipple line, on inmates of the California State prison at San Quentin. During this time about 600 operations have been performed, of which 68 were for conditions which necessitated incisions somewhere below the nipples and above the umbilicus. . . .

From an Article on "Red Cross Welfare Work in Paris, France," by Titian Coffey, M. D., Los Angeles.—The amazing growth of the American Red Cross, its wonderful organization in Paris and the things that have been done through it, is one of the wonders of the world. From an organization of a handful of workers with about $100,000 capital to increase in less than a year's time to a corporation of 5,000 in July of last year, and a capitalization of nearly two million, gives a faint idea of its phenomenal expansion and increasing importance. When the armistice was signed in November we had a personnel of over 7,000 and more on the way from America. . . .

From an Article on "Endocrine Glands and Their Relation to Vaso Motor Disturbances of the Air Passages, Hay Fever and Asthma, with the Past Year's Report,"

(Continued on Page 42)



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San Francisco: **Lane's Prescription Pharmacy**
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TWENTY-FIVE YEARS AGO

(Continued from Page 38)

(Continued from April issue), by Grant Selfridge, M.D., San Francisco, Calif.—FURTHER OBSERVATIONS. Among the 26 cases of vaso-motor rhinitis, 14 were found with signs of slight endocrine gland insufficiencies. No study was made of the remaining cases to determine the possibility of gland insufficiency. Several have had the focal infections removed, with the idea that the irritation (vagatonia) might be caused by the infection. Some of these have been relieved by the operative procedures, but here too, the period has not been long enough to be certain of the result. . . .

BOARD OF MEDICAL EXAMINERS

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"More than one-fourth of Canada's 12,234 doctors were in the armed forces in March, this year, the Wartime Information Board announces. There remains one doctor for every 1261 persons in Canada, with the likelihood of still further restriction in medical care." (Los Angeles *Eastside Journal*, April 19, 1944.)

"Amos F. Clapp, chiropractor, convicted of the illegal-operation death of Mrs. Doris Jane Branch, 18, has been sentenced to a term of five years to life in San Quentin prison, by Superior Judge Leslie E. Still, in Long Beach. . . . Dr. Clapp's conviction culminated a two-week trial

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IN THE *Progressive* NUTRITIONAL NEEDS OF GESTATION

While it is not strictly true that the gravid woman must "eat for two," nutritional requirements nevertheless are higher during pregnancy. As the fetus increases in size, its nutritional demands increase. In consequence, food consumption must be progressively raised to prevent catabolic breakdown of maternal tissue to satisfy these needs.

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CARBOHYDRATE	30.0 Gm.	62.43 Gm.	VITAMIN D	405 I.U.	480 I.U.
FAT	2.8 Gm.	29.34 Gm.	THIAMINE	.9 mg.	1.296 mg.
CALCIUM	.25 Gm.	1.104 Gm.	RIBOFLAVIN	.25 mg.	1.278 mg.
PHOSPHORUS	.25 Gm.	.903 Gm.	NIACIN	3.0 mg.	5.0 mg.
IRON	10.5 mg.	11.94 mg.	COPPER	.5 mg.	.5 mg.

*Each serving made with 8 oz. of milk; based on average reported values for milk.

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Clinical Director

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Resident Medical Staff

BOARD OF MEDICAL EXAMINERS

(Continued from Page 42)

and was the second such action against him. At the time he allegedly operated on Mrs. Branch, he was at liberty pending an appeal of a previous conviction." (Los Angeles *Herald & Express*, April 25, 1944.)

"Convicted by a jury recently on a charge of practicing medicine without a license, P. W. Beirnes, a chiropractor, was fined $300 yesterday by Municipal Judge Leo Aggeler. Beirnes diagnosed an ailment and dispensed drugs for a patient who called at his office at 2024 West Sixth St., according to evidence presented at his trial by Deputy City Attorney Lewis TeeGarden." (Los Angeles *Examiner*, April 27, 9144.)

"Dr. Roland K. Harris, charged with the abortion murder of a Los Angeles woman, has obtained his release from city jail by posting $30,000 bond. Harris was taken into custoday Friday after the death of Mrs. Julia Zubilaga." (Long Beach *Independent*, April 18, 1944.)

"Dr. Clyde A. Pierson, San Bernardino osteopathic physician, will go on trial in Superior Judge Charles L. Allison's court Tuesday at 10 A.M. on three counts of performing illegal operations on three young married women. . . . Two of the three counts are the same charges on which Dr. Pierson previously was taken into custody by agents of the state medical board. The indictment by the grand jury supersedes the complaint filed by agents of the state board and eliminated the necessity for holding a preliminary hearing in justice court on the charges." (San Bernardino *Sun*, April 3, 1944.)

(Continued on Page 46)



Pleasure grows from day to day

Mother's delight in her baby grows from day to day when a smooth feeding routine helps to keep him healthy and happy.

'Dexin' formulas are easily taken, for 'Dexin' is exceptionally palatable, not over-sweet, and does not dull the appetite. Supplementing the diet with other bland foods is facilitated.

'Dexin' helps assure uncomplicated digestion and assimilation. Its high dextrin content promotes the formation of soft, flocculent, easily digested curds. Distention, colic and diarrhea are avoided because of the relatively non-fermentable form of carbohydrate. 'Dexin' is readily soluble in hot or cold milk.

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Available carbohydrate 99% 115 calories per ounce
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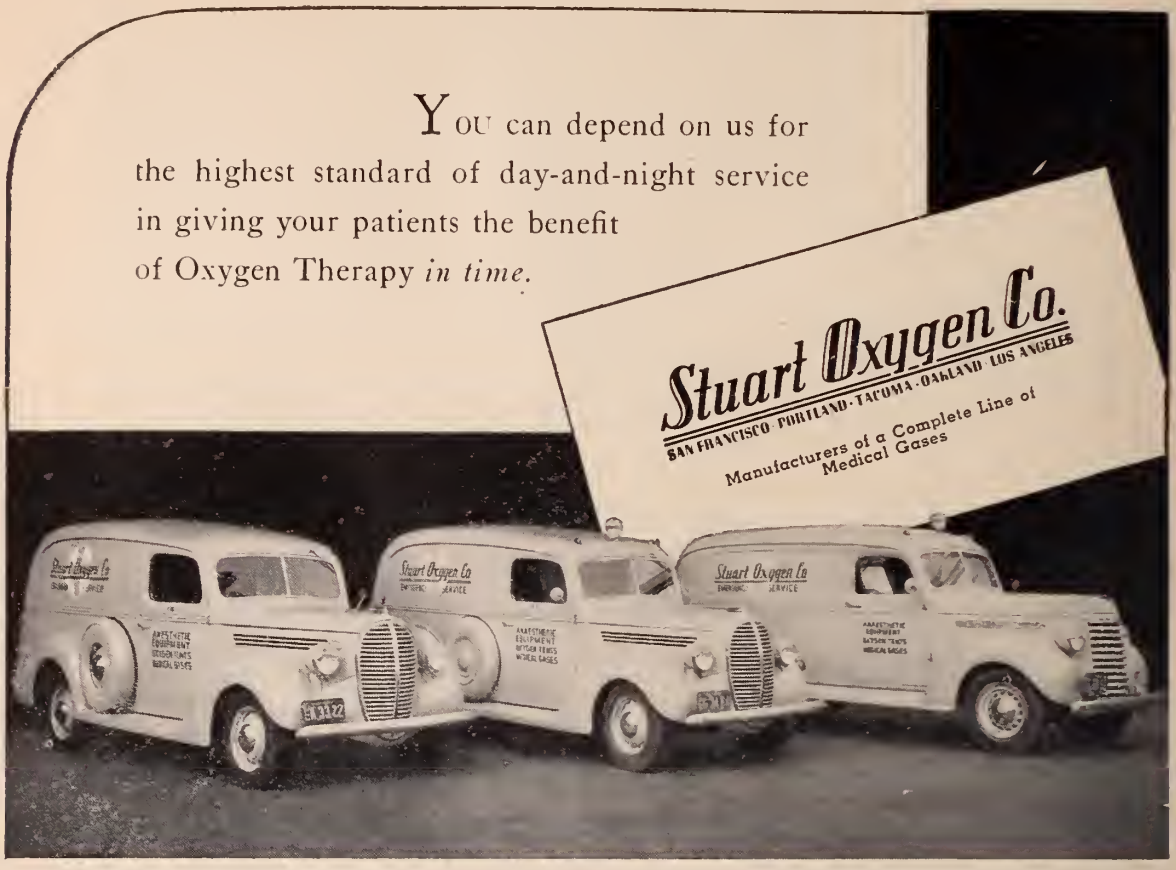
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Medical Directors, Pasadena, California

BOARD OF MEDICAL EXAMINERS

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"Charged with performing a criminal abortion operation on a 30-year-old local woman, Dr. William Cardew, 76, chiropractor and former physician and surgeon, was free on $5000 bail last night following his arrest by Sheriff William J. Emig's deputies and a state medical board inspector. . . . Chief Deputy Sheriff Jack Gibbons and Inspector Joseph Williams of the state medical board made the arrest and obtained the complaint following a conference with Assistant District Attorney N. J. Menard. Officers charge that Dr. Cardew is an old offender on charges of violating state medical practice laws. His record shows that in April, 1940, he was fined $100 for practicing medicine without a license, and was placed on two years probation. Later the same year he was hailed into court for violating his probation by practicing medicine. . . ." (San Jose *Mercury Herald,* April 15, 1944.)

"Adolphus Hohensee, 48, erstwhile taxicab owner and 'health' lecturer, yesterday had his second brush with the law within a week and demonstrated that financially anyway he was well fixed to meet it. Fined $200 by Municipal Judge Melyvyn I. Cronin after pleading guilty to peddling nostrums without a license, Hohensee peeled a $1,000 bill from a roll of similar greenbacks. The roll had at least one more bill last week—the one Hohensee gave Municipal Judge Thomas I. Prendergast after being found guilty of violating the State's medical practice act by representing himself falsely as a medical doctor. In that instance, Hohensee paid a $300 fine, in lieu of a 90-day jail sentence. . . ." (San Francisco *Examiner,* April 22, 1944.)

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You've never let her see you cry. Not once, since that telegram came and she twisted it all up in a ball, then smoothed it and put it in the desk.

But, lying in bed, you play "Pretend" — pretend you can hear his step as he comes up to your room — pretend you can feel a stubble brush your forehead. And sometimes, in the dark, you can almost smell a cigarette-y suit close to your face.

Later you dream — dreams that you don't tell about. And in the morning you wake up with that funny, empty feeling in your stomach.

★ ★ ★

Poor little guy. We — all of us — wish there were something we could do. Perhaps there is. Why shouldn't it be this?

We can resolve that the plans your father had for you shall remain within your reach, that you shall have the chance to grow and learn, that your opportunities will be bounded only by your own get-up-and-go, that you will progress and prosper in direct relation to your own ability — in a land of freedom and opportunity.

Those are the things your Dad valued, the things for which he gave his life. Though some may strive to change all that — provide you with the "benefits" of an all-powerful government, the "advantages" of regimentation, the "blessings" of bureaucracy — we can resolve they won't succeed.

★ ★ ★

You, son, won't read these words, and if you did, they wouldn't mean much to you now. But your father's friends — known and unknown — are making you a promise, just the same.

You may never hear it from their lips. But if you were older you would read it in their faces — recognize it in their spirit. They are determined to keep America free. To keep it a land in which government is the servant, not the master of the people. To keep it the kind of America your Dad wanted to preserve — for you.

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